



PHYSICIAN/HOSPITAL REPORT OF REPORTABLE COMMUNICABLE DISEASES

EPIDEMIOLOGY

Contact Person:

Valerie Risher, BSN, RN
 Nursing Supervisor, EPI
 (772)794-7475

Facility: _____

Person Submitting Report: _____

Phone No: _____ **Date:** _____

Mail to:

Florida Department of Health
 In Indian River County
 1900 27th Street
 Vero Beach, FL 32960

24/7 REPORTING

(772) 794-7472 / Fax: (772) 794-7482

Disease (including suspects)	Patient's Name & Address	Physician's Name, Address, Telephone	Date of Onset	Symptoms &/or Abnormal Labs	Treatment Prescribed & Date Administered	Laboratory Studies Performed (Attach Copies)
	Name: _____ Address: _____ City/State: _____ Zip: _____ Phone: _____ SS#: _____ Occupation: _____ Next of Kin: _____ Sex: ___ Race: _____ DOB: _____	Name: _____ Address: _____ City: _____ Zip: _____ Phone: _____				
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ALL REQUESTED INFORMATION MUST BE COMPLETED