



Notifiable Conditions Reporting Form Epidemiology Program

Report STDs/HIV to:
STDs/HIV Clinic
512 East Highland
San Antonio, TX 78210
Phone: (210) 207-8830
Fax: (210) 207-2116

Report Tuberculosis to:
Tuberculosis Clinic
2303 SE Military Drive, Bldg 528
San Antonio, TX 78223
Phone: (210) 207-8823
Fax: (210) 207-8779

Report COVID-19 to:
COVID-19 Program
1400 S. Flores
San Antonio, Texas 78205
Phone: (210) 207-8876
Fax: (210) 207-8807

Report all other conditions to:
Epidemiology Program
114 W. Commerce, 7th floor
San Antonio, TX 78205
Phone: (210) 207-8876
Fax: (210) 207-2007

***In addition to this form, please fax a copy of pertinent lab reports and physician notes.**

Notifiable Condition: _____

Patient Information

Patient Name: _____ D.O.B. _____ Age: _____

Sex: Male Female Ethnicity: Hispanic Not Hispanic Race: American Indian Asian Black Other
 Native Hawaiian/Pacific Islander White Unknown

Address: _____
Street Address City State Zip County

Phone# _____ Alternate Phone# _____

Pregnancy Status: Y N If Yes, How Many Weeks: _____ Delivery Date: _____

Alternate Case Contact Information

Name: _____ Phone: _____ Relationship to Patient: _____

Address: _____
Street Address City State Zip County

Hepatitis ONLY: (Circle Type) HAV HBV HCV Acute Chronic Jaundice Dx Date: _____

SGOT/AST: _____ Collection Date: _____ SGPT/ALT: _____ Collection Date: _____

Patient Treatment Information

Reporting Physician: _____ Phone # _____

Date of Treatment: _____ Treatment Given: _____

Hospitalized? Y N If Yes, Admit Date: _____ Discharge Date: _____

Reporting Facility Information/Lab Information

Reporting Facility: _____

Contact Person: _____ Phone # _____

Address: _____
Street Address City State Zip County

Lab Used: _____

Specimen Type: _____ Date of Collection: _____ Final Report Date: _____