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 all other conditions to:
Epidemiology Program
100 W Houston St, 5th 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:_____