Ohio Department of Health

Ohio Confidential Reportable Disease

Use this form to submit reportable infectious diseases to your local health department (**Do not** use this form to report HIV/AIDS)

Disease reported			**ODRS number** *(internal use only)*
Patient's last name	First name		Middle name (or initial and/or suffix)
Address *(number and street)*			County: Cuyahoga
City	State: Ohio	ZIP	Patient expired? ☐ Yes ☐ No ☐ Unknown
Home telephone ( )	Work telephone ( )		Alternate number ( )
Birthdate *(month/day/year)* / /	Age	Sex ☐ Male ☐ Female	Pregnant ☐ Yes ☐ No ☐ Unknown / Delivery date / /
Race *(check all that apply)* ☐ American Indian or Alaskan Native ☐ Asian ☐ African American ☐ Unknown ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other_____			Ethnicity *(check one)* ☐ Hispanic ☐ Unknown ☐ Non-Hispanic / Was patient contacted? ☐ Yes ☐ Unknown ☐ No
Sensitive occupation? *(Check all that apply)* ☐ Food handler ☐ Direct patient-care ☐ Child care attendee/staff ☐ Long-term care resident/staff ☐ Not applicable	Name of facility / Address of facility		

Parent, guardian, or alternate contact name	Phone
Health care provider name	Phone
Health care provider address	
Health care facility name	Phone
Health care facility address	
Submitted by *(contact name, facility)*	Phone

Date of report / /
Date of onset / /
Date of diagnosis / /
Hospital admission / /
Hospital discharge / /
Date of death / /

Status ☐ Laboratory confirmed ☐ Clinically diagnosed *(list symptoms)*_____	Date of result / /
Laboratory name	Phone ( )
Laboratory address	
Date of specimen collection / / / Reason for test ☐ Dx ☐ Prenatal ☐ Repeat pos / Specific type of test *(e.g. smear, culture, ELISA)*	
Specimen site/type ☐ Blood ☐ Stool ☐ CSF ☐ Urine ☐ Cervix ☐ Urethra ☐ Sputum ☐ Other _____	
Treatment *(required for STD)* ☐ Treated ☐ Untreated: ○ Will treat ○ Unable to contact ○ Refused treatment ○ Referred to: _____	
Date treatment initiated / /	Detail drugs/dose/route

Remarks

_____

_____

Class B reporting (Report number of cases only)

Disease	No. of cases	Week ending / /

Please submit to:

Central Disease Reporting at the Cuyahoga County Board of Health: Fax 216-676-1316 / Phone 216-201-2080