NEW YORK STATE DEPARTMENT OF HEALTH
DIVISION OF EPIDEMIOLOGY

County of Residence _____

CONFIDENTIAL CASE REPORT

Serial # _____

Date Form Received

Date Supplemental Received

Patient's name: _____
Last First MI Maiden

Phone No. ( ) _____ – _____ Work ( ) _____ – _____

☐ City ☐ Village
☐ Town ☐ Hamlet

Address: (Number & Street) _____

City _____ Zip Code ☐☐☐☐☐ – ☐☐☐☐ Date of Birth ___/___/___ Age _____

Occupation/Setting
1 ☐ Food Service
2 ☐ Day Care
3 ☐ Health Care
4 ☐ Student/School
5 ☐ Inmate
6 ☐ Other Occ: _____
7 ☐ Correction Worker
9 ☐ Unknown

Ethnicity:
1 ☐ Hispanic
2 ☐ Non-Hispanic
9 ☐ Unknown

Sex:
1 ☐ Male
2 ☐ Female
9 ☐ Unknown

Pregnant:
1 ☐ Yes 2 ☐ No 9 ☐ Unknown

Race (Check all that apply):
☐ White
☐ Black
☐ American Indian/Alaskan
☐ Asian _____
☐ Native Hawaiian/Oth. Pacific Islander _____
☐ Other ☐ Unknown

Hospitalized? Y ☐ N ☐ ___/___/___ Admission Date ___/___/___ Discharge Date

Name of Hospital _____ Chart # _____

Disease _____ Site of Infection _____

___/___/___ Date of First Symptom ___/___/___ Date of Diagnosis ___/___/___ Date of Report ___/___/___ Date of Death

Comments (Agent, laboratory data, treatment, etc) _____

Where was disease acquired if not in above municipality _____

Reporting Individual _____ Telephone ( ) _____ – _____

Address _____

For Local Health Unit Use

Outbreak Related
☐ Sporadic
☐ Cluster
☐ Outbreak
☐ Unknown

Case Status
☐ Confirmed
☐ Probable
☐ Suspect
☐ Unknown

Local Health Unit Signature _____

Date Report Received ___/___/___

Sample