

## Pertussis Reporting Form For Healthcare Providers

Notifiable Condition:	Today's Date:/
	Date of Diagnosis://
Patient Name:	
	Date of Birth:/
Attending Health Care Provider:	Sex: ☐ Female ☐ Male
	Jex. G remaie G iviale
Address:	Race:
	Hispanic:  Yes  No
Street	Phone Numbers:
City Zip	Home
Occupation or School and Grade:	
	Cell
Onset date of symptoms:// Date seen in office:	//
ER visit date:/ Date of hospital adm	ission://
ER Visit date.	1331011.
Lab test and results: (fax copy to (360) 385-3878)	
	☐ Fits of Coughing
Lab test and results: (fax copy to (360) 385-3878)	☐ Fits of Coughing ☐ Vomiting Due to Cough
Lab test and results: (fax copy to (360) 385-3878)  Symptoms:	☐ Fits of Coughing ☐ Vomiting Due to Cough
Lab test and results: (fax copy to (360) 385-3878)	☐ Fits of Coughing ☐ Vomiting Due to Cough
Lab test and results: (fax copy to (360) 385-3878)  Symptoms:	☐ Fits of Coughing ☐ Vomiting Due to Cough ☐ Whoop
Lab test and results: (fax copy to (360) 385-3878)  Symptoms:  Treatment:	☐ Fits of Coughing ☐ Vomiting Due to Cough ☐ Whoop
Lab test and results: (fax copy to (360) 385-3878)  Symptoms:  Treatment:  Medication	☐ Fits of Coughing ☐ Vomiting Due to Cough ☐ Whoop
Lab test and results: (fax copy to (360) 385-3878)  Symptoms:  Treatment:  Medication	☐ Fits of Coughing ☐ Vomiting Due to Cough ☐ Whoop
Lab test and results: (fax copy to (360) 385-3878)  Symptoms:  Treatment:  Medication  Possible exposures, including recent travel:	☐ Fits of Coughing ☐ Vomiting Due to Cough ☐ Whoop
Lab test and results: (fax copy to (360) 385-3878)  Symptoms:  Treatment:  Medication  Possible exposures, including recent travel:	☐ Fits of Coughing ☐ Vomiting Due to Cough ☐ Whoop
Lab test and results: (fax copy to (360) 385-3878)  Symptoms:  Treatment:  Medication  Possible exposures, including recent travel:  Have any infants < 1 year or pregnant women been exposed to this patient?	☐ Fits of Coughing ☐ Vomiting Due to Cough ☐ Whoop
Lab test and results: (fax copy to (360) 385-3878)  Symptoms:  Treatment:  Medication  Possible exposures, including recent travel:  Have any infants < 1 year or pregnant women been exposed to this patient?	☐ Fits of Coughing ☐ Vomiting Due to Cough ☐ Whoop

When possible, please let your patient know that their condition is reportable to the Health Department and a public health nurse will be contacting them to gather additional information about their illness. Informing your patient about the importance of this reporting process will help us to assess possible exposures and recommend specific steps to take to prevent disease transmission. We appreciate your help.

Signature

PLEASE FAX THIS FORM TO: (360) 385-3878. Questions: (360) 385-9400 THANK YOU!

12/3/2015

Community Health Developmental Disabilities 360-385-9400 360-385-9401 (f)

Name of person completing form (please print)

Phone