



2020 SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL DISEASE REPORTING FORM

Disease reporting is required by SC Code of Laws Section 44-29-10, 44-53-1380, 44-1-110, and 44-1-140 and Regulation 61-20.

See other side for list of reportable diseases.

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities for the purpose of preventing or controlling disease. (45 CFR §164.512)

Disease/Condition (include stage, if appropriate): COVID-19

Today's Date

Last Name First Name Middle Name

Patient ID or last five digits of SSN: DOB: / /

Street Address

City State Zip County

Preferred Contact Number ( ) - Home Cell Work

Ethnicity Sex at Birth Current Gender Identity

- Hispanic Non-Hispanic Unknown Male Female Unknown Male Female Male to Female Female to Male

If female, pregnant?

- Yes No Unknown

Expected Due Date:

Expected delivery Hospital:

Race

- American Indian/ Alaskan Native Black Pacific Islander Asian White Unknown

Date of diagnosis/bite: / /

Date of symptom onset: / /

Symptoms:

Table with columns Y, N, UNK for Hospitalized, Emergency Room, Died

Date of Death: / /

Treated: Yes No Unk

Date: / /

Rx: / /

For Rabies PEP:

Animal species: / /

Initial date of administration: / /

If hospitalized, complete: Hospital Name Admit Date Discharge Date

LABORATORY INFORMATION\*

\* Report Hepatitis in Viral Hepatitis box below

Table with columns: Specimen Collection Date\*, Result Date\*, Lab Test Name, Specimen Source, Result, Species/Serotype\*

PATIENT STATUS

Y N UNK

Table with patient status categories and Y/N/UNK columns

\*VIRAL HEPATITIS TEST RESULTS

ALT AST Specimen collection date: / / Result date: / /

Jaundice: Yes No

Hepatitis A Total anti-HAV IgM anti-HAV

Hepatitis B HBsAg HBV NAT (PCR) HBeAg IgM anti-HBc

Hepatitis C HCV RNA (PCR) HCV antibody (EIA) HCV Rapid Ab test

Pos Neg UNK

Value: /

Value: /

REPORTER INFORMATION

Reporting lab/facility: BURKE'S MAIN ST PHARMACY Reporting facility address: 1101 MAIN ST HHI SC 29926 Reporter name: CHRISTOPHER KEZIAH Reporter telephone: ( 843 ) 681 -2092 Performing lab name: BURKE'S MAIN ST PHARMACY Ordering physician name: Physician phone: ( ) -

RISK FACTORS: (Circle all that apply)

- Close contact (type: sex, household other) Multiple Sex Partners Surgery/Dental Dialysis Occupational blood exposure Tattoo Drug Use (type: injection, non-injection) Organ Transplant Travel (US or outside US) Homelessness Piercing Sex with HIV+ Partner Men who Have Sex with Men

Pharmacists Signature:

CLIA LAB NUMBER:

42D2085067