



CONFIDENTIAL DISEASE CASE REPORT

Please FAX to: Brigid O'Connor, RN and Colleen Morris, RN
Missoula City-County Health Department
Phone: 1-406-258-3896 or FAX: 1-406-258-3610

Case Name:		DOB
Address:		Phone:
City and County		Zip
Age:	Sex: M F	Race: White Black A. Indian/alaskan Asian Hispanic unknown
CLINICAL DIAGNOSIS/SPECIMEN COLLECTION		
Disease/Condition: <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed		OCCUPATION:
Specimen Collection Date:	Date of Onset:	Lab Date/Diagnosis Date:
Name of Lab:	Reported by:	Date Reported to Health Dept.:

Provider Information:

Provider:	Clinic:	Phone:
For More Info, Contact:		City:

Comments:

Local Health Dept. Reviewer: