Hidalgo County Health and Human Services Department
Public Health Emergency Preparedness Division
1304 S. 25th Ave*Edinburg, TX 78542
Phone (956) 318-2426

Infectious Disease Report

Please Fax Reports to: (956) 318-2431

This form may be used to ***report suspected or confirmed cases of Texas notifiable conditions*** to Hidalgo County Health and Human Services Department. ***Outbreaks, exotic diseases, or unusual group expressions of disease that may be of public health concern should also be reported*** by the most expeditious means available. A health department public health investigator may contact you for additional information.

Date of Report:	**Name of Reporting Facility:**
Full Name of Person Reporting, and Title:	**Phone Number:** **ext.**
Address:	**Fax Number:**

Reportable Disease/Condition:
(provide supportive lab reports if available)

Date (check type):

_____/_____/_____

☐ Onset
☐ Office visit
☐ Specimen collection

Chickenpox (varicella) Reporting Only:

History of disease? ☐ Yes ☐ No
Vaccinated against varicella? ☐ Yes ☐ No
Number of doses received: ☐ 1 ☐ 2

Vaccine/Dosage Dates:
1: _____ **2:** _____

Patient Name (Last) (Suffix) (First) (MI)

Telephone
(_____) _____ – _____

Physical Address (Street) **City** **State** **Zip Code** **County**

Date of Birth (mm/dd/yyyy)	**Age**	**Sex**	**Ethnicity**	**Race**
_____/_____/_____		☐ Male ☐ Female	☐ Hispanic ☐ Not Hispanic	☐ White ☐ Black ☐ Asian ☐ Other _____

Recent Travel:
☐ Yes ☐ No If yes, where: _____

Hospital use
Admit Date: ___/___/____ **Discharge Date:** ___/___/____

Full Physician Name **Physician Address** (if different from reporter) **Physician Phone** (if different from reporter)
(_____) _____ – _____

Additional information such as pregnancy status, occupation, school name/grade:

Call *Immediately Reportable Conditions* to 24/7 Phone Number: (956) 318-2432
Above information is CONFIDENTIAL. Please notify sender if received in error, and destroy!