



Lubbock Public Health Disease Surveillance
Communicable Disease Report Form
Phone: (806) 775-2935 Fax: (806) 775-3184

REPORT TO LUBBOCK PUBLIC HEALTH REGARDLESS OF COUNTY OR STATE OF RESIDENCE

This report form is intended for use of reporting infectious or other communicable diseases. If reporting sexually transmitted diseases, please use the STD report form found here or on the Lubbock Public Health website https://ci.lubbock.tx.us/departments/health-department/disease-surveillance.

Date Reporting: MR#

Patient Name: Last First MI

Address: City: Zip:

DOB: / / Age: Sex: M/F Race: Phone #: ()

AKA / PARENT NAME:

Date Tested/Onset:

Name of Diagnostic Laboratory Used:

PLEASE FAX ALL RELEVANT LAB RESULTS:

Type of Diagnosis:

- Salmonella, Shigella, Campylobacter, Cryptosporidiosis, Strep pneumo, E.coli, COVID-19, Antigen, PCR, Hepatitis (A,B,C,E), Pertussis, Varicella, Other

Physician and or Clinic: Clinic Phone#:

Name of Person and Facility Reporting:

Phone #: ()

Comments:

For Office Use only:

Report Received by: Date Received
Patient ID: