



Wyoming Department of Health - Confidential Disease Report

A report is required by state law from **both** the attending health care provider/hospital **and** the laboratory performing diagnostic testing. Information will be held in confidence and will be used for public health epidemiological purposes only.

Patient Information

Last Name: _____	First Name: _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Address: _____	City: _____	State: _____ Zip: _____
Phone: (Home) _____	Phone: (Work) _____	Date of Birth: _____ Age: _____
Occupation: _____	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaskan Native
		<input type="checkbox"/> Pacific Islander

Provider and Laboratory Information

Disease: _____	Laboratory Findings: _____		
Specimen Source: _____	Onset Date: _____	Specimen Collection Date: _____	Result Date: _____
Laboratory Name: _____			
Physician: _____	Phone: _____	Physician City: _____	
Physician Institution/Clinic: _____			
Person Reporting: _____	Phone: _____		
Was Patient Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Where? _____		
If Yes, Admission Date: _____	Discharge Date: _____		
Check All That Apply: <input type="checkbox"/> Healthcare Worker	<input type="checkbox"/> Food Service Worker	<input type="checkbox"/> Daycare Worker/Attendee	
Name of Facility: _____			
Treatment: _____	Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If this is a report of an STD, were any partners provided treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number: _____		
Other Comments: _____			

Send Reports To:

Epidemiology Section
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6101 Yellowstone Road, Suite 510
Cheyenne, WY 82002
Secure Fax: (307) 777-5573 / Phone: (307) 777-7953
Epidemiology Section Toll-Free, 24 Hour Hotline: 1-888-996-9104
Thank You for Your Cooperation With Disease Reporting!!!