Williamson County & Cities Health District
Notifiable Disease Reporting Form

Reporting facility (type or place stamp here):

Race Code:	
W = White	**AS = Asian**
B = Black	**O = Other**
NA = Native American	**U** = Unknown
PI = Pacific Islander	

DX Type Code

Clinical = **1**
Serology = **2**
Culture/PCR = **3**
Biopsy/Smear = **4**
Other = **5**

Date of Report: _____/_____/_____
Reporter Name: _____
Reporter Phone: _____

ALL FIELDS ARE REQUIRED TO BE FILLED OUT COMPLETELY

1

Disease:	DX Type:	Onset Date: _____/_____/_____	M.D. Name: _____ M.D. Telephone: ( ) _____ - _____

Last Name:	First Name:	D.O.B: _____/_____/_____	Sex: ☐ Male ☐ Female	Race:	Hispanic: ☐ Yes ☐ No

Address:	City:	Zip:	Telephone: ( ) _____ - _____ ( ) _____-_____

Comments: (lab results, clinical info, occupation, etc.)	Pregnant: ☐ Yes ☐ No ☐ Unk. Weeks Gestation: _____ Weeks	Food Handler: ☐ Yes ☐ No ☐ Unk. Where:_____	If < 18 - Name of School: _____ Grade:_____ Teacher: _____

2

Disease:	DX Type:	Onset Date: _____/_____/_____	M.D. Name: _____ M.D. Telephone: ( ) _____ - _____

Last Name:	First Name:	D.O.B: _____/_____/_____	Sex: ☐ Male ☐ Female	Race:	Hispanic: ☐ Yes ☐ No

Address:	City:	Zip:	Telephone: ( ) _____ - _____ ( ) _____-_____

Comments: (lab results, clinical info, occupation, etc.)	Pregnant: ☐ Yes ☐ No ☐ Unk. Weeks Gestation: _____ Weeks	Food Handler: ☐ Yes ☐ No ☐ Unk. Where:_____	If < 18 - Name of School: _____ Grade:_____ Teacher:_____

3

Disease:	DX Type:	Onset Date: _____/_____/_____	M.D. Name: _____ M.D. Telephone: ( ) _____ - _____

Last Name:	First Name:	D.O.B: _____/_____/_____	Sex: ☐ Male ☐ Female	Race:	Hispanic: ☐ Yes ☐ No

Address:	City:	Zip:	Telephone: ( ) _____ - _____ ( ) _____-_____

Comments: (lab results, clinical info, occupation, etc.)	Pregnant: ☐ Yes ☐ No ☐ Unk. Weeks Gestation: _____ Weeks	Food Handler: ☐ Yes ☐ No ☐ Unk. Where:_____	If < 18 - Name of School: _____ Grade:_____ Teacher: _____

Please fax or mail all Notifiable Conditions for Williamson County residents to:
Williamson County & Cities Health District - Disease Surveillance
355 Texas Ave. Round Rock, Texas 78664
Phone: 512-943-3660 Secure Fax: 512-248-3267
Please include a copy of lab and vaccination record with form if available.