



CITY-COUNTY HEALTH DEPARTMENT
 COMMUNITY HEALTH CARE CENTER, INC.
 Phone: 406-454-6950
 After-Hours: 406-454-6955
 Fax: 761-9898

County Health Department/Local Health Jurisdiction
 (LHJ) Use Only:

LHJ Case ID _____
 Reporter (check all that apply)
 Laboratory Hospital HCP DPHHS
 Public health agency Other

First report date to LHJ ____/____/____

LHJ Investigation start date ____/____/____

First report date to DPHHS ____/____/____

This report is: Initial Update: ____/____/____

DPHHS Use Only:

MMWR Week _____

CDC Case Status

Confirmed Probable

Disposition

CDC Notification
 Out of State – faxed
 Not a Case

Communicable Disease Case Report

County/Tribal Jurisdiction

This notification form fulfills the Administrative Rules of Montana (ARM) requirements for disease reporting. Supplemental disease specific forms may also be required.

1. CASE INFORMATION

		<input type="checkbox"/> Confirmed		
		<input type="checkbox"/> Probable		
		<input type="checkbox"/> Suspect		
Disease/Condition		Onset Date		Diagnosis Date
Hospitalized? <input type="checkbox"/> Y <input type="checkbox"/> N	Hospital Name		Admit Date	Discharge Date

2. CASE DEMOGRAPHIC INFORMATION

Last Name	First Name	MI	Birth date ____/____/____	Age ____
Address			Current Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Unknown	
			Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
City/Town	State	Zip	Race (check all that apply)	
			<input type="checkbox"/> Amer Ind/AK Native <input type="checkbox"/> Asian	
			<input type="checkbox"/> Native HI/other PI <input type="checkbox"/> Black/Afr Amer	
			<input type="checkbox"/> White <input type="checkbox"/> Unknown	
County/Tribal Jurisdiction		Phone		

Sensitive Occupation: Food Handler Y N Patient Care Provider Y N Day Care Provider Y N
 Attends Day Care Y N

3. LABORATORY INFORMATION

Ordering Facility	Laboratory Name	
Ordered Test	Collection Date	Reported Result
Health Care Provider	Phone	

4. REPORTING INFORMATION

Reporter to LHJ	Phone
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5. NOTES

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LHJ Investigator	Phone/email
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