State of Connecticut
Reportable Disease Confidential Case Report Form PD-23 (rev. 01/01/2017)

Department of Public Health
410 Capitol Avenue, MS#11FDS
P.O. Box 340308
Hartford, CT 06134-0308

Date Completed:

☐ ***Check this box to request additional PD-23 forms, or call 860-509-7994.***

For information or weekday disease reporting, call 860-509-7994. For reporting on evenings, weekends, and holidays, call 860-509-8000.

Patient Name (Last)	(First)	(MI)	Parent or Guardian Name	Age	Birth Date	Patient's Telephone ☐ Home ☐ Work ☐ Cell

Address (No. and Street)	(Apt. #)	(City or Town)	(State)	(Zip Code)	(Primary Language Spoken) ☐ English ☐ Spanish ☐ Other:

Gender ☐ Male ☐ Female ☐ Other specify: ☐ Unknown

Race ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander ☐ Other specify: ☐ Unknown

Hispanic/Latino	Is patient pregnant?	Did patient die of this illness?
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown Due date: _____	☐ Yes ☐ No ☐ Unknown

Disease Name	Onset Date	Diagnosis Date

Is this condition work related? ☐ Yes ☐ No ☐ Unknown

If yes, occupation:

Did patient have recent international travel? ☐ Yes ☐ No ☐ Unknown

If yes, country visited: Dates visited:

Confirmatory information: **If specimen obtained, collection date**: _____

Laboratory data, immunization status, dates, and comments (be specific).

Reporting healthcare provider name and address:

Direct telephone

_____

If hospitalized, **hospital**:	Date Admitted	Date Discharged
Name City State	Patient ID #	

Name of person completing report: _____

Address: _____

Phone: _____ FAX: _____ Report Date: _____

(Please print)

Is patient a (please check): ☐ Health care worker ☐ Day care worker ☐ Food handler ☐ Student/Day care attendee ☐ LTC facility resident

Name and address of workplace, school, day care or other facility:

Viral Hepatitis

Symptoms: ☐ Yes ☐ No Onset date: _____ Jaundice: ☐ Yes ☐ No Onset date: _____

ALT Result: _____ ALT Date: _____ AST Result: _____ AST Date: _____

IgM anti-HAV:	☐ Positive	☐ Negative	☐ Not Done
HBsAg:	☐ Positive	☐ Negative	☐ Not Done
IgM anti-HBc:	☐ Positive	☐ Negative	☐ Not Done
Anti-HCV: Method: ☐ Rapid ☐ Serology	☐ Positive	☐ Negative	☐ Not Done
HCV confirmed by: ☐ RNA	☐ Value: _____		
HBV Chronic/Carrier:	☐ Yes	☐ No	☐ Unknown

Risk Factors: ☐ IDU ☐ Non-injection street drugs ☐ Hemodialysis ☐ Multiple sex partners ☐ Perinatal (infected mom to baby) ☐ Contact w/ infected person (☐ household ☐ sexual) ☐ Blood Transfusion ☐ Incarcerated (☐ present ☐ past) ☐ MSM (men who have sex with men) ☐ Other: _____

Lyme disease surveillance case definition signs and symptoms

Physician diagnosed EM rash ≥ 5cm	☐ Yes	☐ No	☐ Unknown
Arthritis (objective joint swelling)	☐ Yes	☐ No	☐ Unknown
Bell's palsy or other cranial neuritis	☐ Yes	☐ No	☐ Unknown
Radiculoneuropathy	☐ Yes	☐ No	☐ Unknown
Lymphocytic meningitis	☐ Yes	☐ No	☐ Unknown
Encephalomyelitis	☐ Yes	☐ No	☐ Unknown
If yes, is antibody to *B. burgdorferi* higher in CSF than serum	☐ Yes	☐ No	☐ Unknown
Myocarditis	☐ Yes	☐ No	☐ Unknown
2nd or 3rd degree atrioventricular block	☐ Yes	☐ No	☐ Unknown
Was patient diagnosed with Lyme disease in current year?	☐ Yes	☐ No	☐ Unknown

Lyme disease laboratory results

EIA/IFA ☐ Positive ☐ Negative ☐ Unknown

Culture ☐ Positive ☐ Negative ☐ Unknown

Western Blot: IgM ☐ Positive ☐ Negative ☐ Unknown

Western Blot: IgG ☐ Positive ☐ Negative ☐ Unknown