



Central Michigan District Health Department
Promoting Healthy Families, Healthy Communities

Mandatory Reporting of Communicable Diseases

Chlamydia and Gonorrhea are reportable diseases. Please complete this form as thoroughly as possible and fax to correct county at **Central Michigan District Health Department**.

Provider Information:

Name of Provider: _____ Person Completing Form _____

Patient Name: First	Middle	Last
Street Address	City/State/Zip/County	Contact Phone Number:
DOB (MM/DD/YYYY) Sex: M F	If Female, Is Patient Pregnant: YES NO	Parent/Guardian if Under 18
Race: Caucasian African American Asian American Indian/Alaska Native Hawaiian/Pacific Islander Other: _____	Hispanic Ethnicity: Hispanic/Latino Non-Hispanic/Latino	Arab Ethnicity: Arab Non-Arab
Date Specimen Take / /	Date of Laboratory Results / /	Site of Specimen: Cervix Oropharynx Rectum Urethra Vagina Blood Urine Other _____
Was Patient Treated: YES NO	Date of Treatment: / /	
Name of Test: Chlamydia Gonorrhea	Specific Lab Results:	Other Pertinent Information
Is Patient Aware of Diagnosis: YES NO		Diagnosis Date: / /

County Contact Information

Arenac Phone 989-846-6541
Arenac Fax 989-846-0431

Clare Phone 989-539-6731
Clare Fax 989-539-4449

Gladwin Phone 989-426-9431
Gladwin Fax 989-426-6952

Isabella Phone 989-773-5921
Isabella Fax 989-317-0552

Osceola Phone 231-832-5532
Osceola Fax 231-832-1020

Roscommon Phone 989-366-9166
Roscommon Fax 989-366-8921



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<u>Specify Drug/Dosage</u>	<u>Date of Treatment</u>
Azithromycin (Zithromax, Z-Pak) 1 gram orally single dose	_____
Doxycycline (Vibramycin) 100 mg BID x7 days*	_____
Ceftriaxone (Rocephin) 500mg IM*	_____
Cefixime 800mg orally single dose	_____
*Recommended treatment per CDC	
Other _____	

Treatment Information

Is the patient aware of this diagnosis?	YES	NO
Have you informed the patient that:		
1. Their health department may contact them	YES	NO
2. Their partners also need treated	YES	NO
3. A retest is recommended in 3 months	YES	NO
4. They need to use condoms consistently	YES	NO
5. About fertility/ectopic pregnancy risks	YES	NO
6. 7 days of abstinence after treatment	YES	NO

Risk Factor Data

Routine collection of risk factor information for people who test chlamydia/gonorrhea positive is not required. However, collection of this information provides useful data for the development, evaluation and funding of programs to counsel and serve these partners.

1. **Method of Case Detection:**

Screening Self-referred Patient Referred Patient Health Department Referred Partner
Other: _____

2. **HIV status:**

HIV Positive HIV Negative Unknown Refused to Answer Did Not Ask

3. **Within the last 12 months has the patient had sex:**

- With a male	YES	NO	Refused to Answer	Did Not Ask
- With a female	YES	NO	Refused to Answer	Did Not Ask
- With an anonymous partner	YES	NO	Refused to Answer	Did Not Ask

4. **A history of ever having an STD prior to this diagnosis:**

YES NO Refused to Answer Did Not Ask