

**CENTRAL MICHIGAN DISTRICT
HEALTH DEPARTMENT**

COMMUNICABLE DISEASE REPORT



Date of report: _____ *Medical Provider:* _____

Name of patient: _____ *BD:* _____

Address: _____ *Phone:* _____

City: _____ *State:* _____ *Zip code:* _____

Parent's name (if applicable): _____

Age: _____ *Sex:* _____ *Disease reported:* _____

Please circle one: *Suspect* *Confirmed* *Onset date:* _____

**PLEASE FAX CONFIRMATORY LAB RESULTS
TO YOUR LOCAL HEALTH DEPARTMENT**

<u>County</u>	<u>Supervisor</u>	<u>Fax Number</u>	<u>Email Address</u>
Arenac County	Jennifer Wessel	(989) 846-0431	JWessel@cmdhd.org
Clare County	Janice Parrett	(989) 539-4449	JParrett@cmdhd.org
Gladwin County	Jennifer Wessel	(989) 426-6952	JWessel@cmdhd.org
Isabella County	Sue Leeson	(989) 773-4319	SLeeson@cmdhd.org
Osceola County	Stefani Larson	(231) 832-1020	SLarson@cmdhd.org
Roscommon County	Kim Cherven	(989) 366-8921	KCherven@cmdhd.org

*Thanks for reporting!! Your efforts help to assure that our communities are protected
against serious communicable diseases.*