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____________________

<table>
<thead>
<tr>
<th>Patient Name: First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City/State/Zip/County</td>
<td>Contact Phone Number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOB (MM/DD/YYYY)</th>
<th>If Female, Is Patient Pregnant: YES NO</th>
<th>Parent/Guardian if Under 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex: M F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race: Caucasian African American Asian American Indian/Alaska Native Hawaiian/Pacific Islander Other: ___________________</td>
<td>Hispanic Ethnicity: Hispanic/Latino Non-Hispanic/Latino</td>
<td>Arab Ethnicity: Arab Non-Arab</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Specimen Take</th>
<th>Date of Laboratory Results</th>
<th>Site of Specimen: Cervix Oropharynx Rectum Urethra Vagina Blood Urine Other ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Was Patient Treated: YES NO</th>
<th>Date of Treatment: / /</th>
<th>Other Pertinent Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Test: Chlamydia Gonorrhea</th>
<th>Specific Lab Results:</th>
<th>Other Pertinent Information</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Patient Aware of Diagnosis: YES NO</th>
<th>Diagnosis Date: / /</th>
</tr>
</thead>
</table>

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 989-773-4319

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

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

updated 1/8/2019
<table>
<thead>
<tr>
<th>Specify Drug/Dosage</th>
<th>Date of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azithromycin (Zithromax, Z-Pak) 1 gram orally single dose</td>
<td></td>
</tr>
<tr>
<td>Doxycycline (Vibramycin) 100 mg BID x7 days</td>
<td></td>
</tr>
<tr>
<td>Ceftriaxone (Rocephin) 125 mg IM</td>
<td></td>
</tr>
<tr>
<td>Ceftriaxone (Rocephin) 250 mg IM</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### 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