Kentucky Reportable Disease Form

Department for Public Health
Division of Epidemiology and Health Planning
275 East Main St., Mailstop HS2E-A
Frankfort, KY 40621-0001

Disease Name _____

Fax or Mail the Completed Form to the Local Health Department **EPID 200 – 7/2024**

DEMOGRAPHIC DATA

Patient's Last Name	First	M.I.	Date of Birth (MM/DD/YYYY) / /	Age

If Patient <18y, Parent or Guardian Name	Preferred Language

Address	City	State	ZIP Code	County of Residence

Patient Occupation	Employer Name

Phone Number	Ethnic Origin	Race
	☐Hisp. ☐Non-Hisp.	☐W ☐B ☐Asian ☐NH/PI ☐Am. Ind./Alaska Native ☐Other

Sex assigned at birth:	Current gender identity:
☐M ☐F ☐Unk.	☐Male ☐Female ☐Transgender male-to-female ☐Transgender female-to-male ☐Unknown Additional gender identity (specify)_____

DISEASE INFORMATION

Disease/Organism	Date of Onset / /	Date of Diagnosis / /

List Symptoms/Comments	Highest Temperature
	Days of Diarrhea

Hospitalized?	Admission Date	Discharge Date	Died?	Date of Death
☐Yes ☐ No	/ /	/ /	☐Yes ☐No ☐Unk.	/ /

Hospital Name:	Is Patient Pregnant? ☐Yes ☐No If yes, Due Date (EDC): / /

Does the patient attend/reside in a congregate living facility? ☐ Yes ☐ No If yes, please select the type of facility. ☐Assisted Living/Long-Term Care/Nursing Home ☐Correctional ☐Shelter ☐ Other If Other, please specify	Facility Name:
School/Daycare Attendee? ☐Yes ☐No Outbreak Associated? ☐Yes ☐No School/Daycare Worker? ☐Yes ☐No Name of School/Daycare:	Food Handler? ☐Yes ☐No Healthcare Worker? ☐Yes ☐No

Did Patient travel to/arrive from another state/country in the last 30 days? ☐ Yes ☐ No
(If yes, please provide travel details including where, when, mode of travel, etc.)

Person or Agency Completing form: Name: Agency:	Attending Physician: Name:
Address:	Address:
Phone: Date of Report: / /	Phone:

LABORATORY INFORMATION

Date	Name or Type of Test	Name of Laboratory	Specimen Source	Results

ADDITIONAL INFORMATION FOR SEXUALLY TRANSMITTED DISEASES ONLY

Disease:	Stage		Disease:	Site: (Check all that apply)		Resistance:
☐Syphilis	☐Primary (lesion)	☐Secondary (symptoms)	☐Gonorrhea	☐Genital, uncomplicated	☐Ophthalmic	☐Penicillin
	☐Early Latent	☐Late Latent	☐Chlamydia	☐Pharyngeal	☐PID/Acute	☐Tetracycline
	☐Congenital	☐Other	☐Chancroid	☐Anorectal	Salpingitis	☐Other _____
				☐Other_____		

Date of Spec. Collection	Laboratory Name	Type of Test	Results	Treatment Date	Medication	Dose

If syphilis, was previous treatment given for this infection? ☐Yes ☐No

If yes, give approximate date and place_____

Please use the following information and fax numbers (when relevant) for reporting:

HIV/AIDS Cases:

Forms other than the EPID 200 are required for reporting HIV/AIDS cases in children and adults.
Obtain those forms by calling 866-510-0008, or those forms can be downloaded from the DPH Website, https://www.chfs.ky.gov/agencies/dph/dehp/hab/Pages/reportsstats.aspx.
Contact information for telephoning case reports and addresses for mailing case reports are on that Website.

Reports for HIV/AIDS cases should not be faxed.

Pediatric Confidential Case Form (Rev 11/2019)
(for patients younger than 13 at time of diagnosis)

Adult Confidential Form (Rev 11/2019)
(for patients 13 or older at time of diagnosis)

Fillable HIV/AIDS Case Report Forms are available here

Sexually Transmitted Disease Cases:

Confidential reports for STD cases can be submitted on the EPID 200 form.

Fax a completed form for STD Cases, only, to 502-564-5715. Or, mail to:

Kentucky Department for Public Health
STD Prevention and Control Program
275 E Main St, MS: HS2CC
Frankfort, KY 40621

Reporting All Other Diseases and Conditions Listed in 902 KAR 2:020 (Reportable Disease Surveillance) or in any Public Health Advisory (PHA) Issued per that KAR that Requires Using the EPID 200 Form for Reporting:

Reports, depending upon the notification classification described in 902 KAR 2:020 or in a PHA, shall be submitted by phone, by electronic submission, or by fax or mail submission on an EPID 200 form to the **Local Health Department (LHD) serving the county in which the patient resides**.

If submitted by telephone, an electronic or fax submission shall be made within one business day to the LHD serving the county in which the patient resides.

Kentucky Department for Public Health in Frankfort
Telephone 502-564-3418 or 888-9REPORT (888-973-7678)
SECURE FAX 502-696-3803