NEW MEXICO DEPARTMENT OF HEALTH

Notifiable Condition Report Form

Date of report:	Reporting Facility:
Phone:	Person preparing report:

Patient Information

Patient Name (Last, First):		DOB:	
Sex: ☐ Male ☐ Female	Is patient deceased? ☐ Yes ☐ No	Date of Death:	Died from this illness? ☐ Yes ☐ No
Address (street):	City:	State:	ZIP:
Phone # (Home):	Phone # (Work):	Phone # (Cell):	

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

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

Occupation:	If minor, parent or guardian name:

Pregnant?	☐ Yes ☐ No ☐ Unknown	Associated with a nursing home?	☐ Yes ☐ No ☐ Unknown
Food handler?	☐ Yes ☐ No ☐ Unknown	Associated with a health care facility?	☐ Yes ☐ No ☐ Unknown
Associated with a day care facility?	☐ Yes ☐ No ☐ Unknown	Suspected foodborne or waterborne illness?	☐ Yes ☐ No ☐ Unknown

Condition

EMERGENCY Reporting (IMMEDIATE reporting required, call ID EPI at 505-827-0006)

- ☐ Anthrax*
- ☐ Avian or novel influenza*
- ☐ Bordetella species (including pertussis)*
- ☐ Botulism (☐ infant, ☐ foodborne, ☐wound)*
- ☐ Cholera*
- ☐ Diphtheria*
- ☐ *Haemophilus influenzae*, invasive*
- ☐ Measles
- ☐ Meningococcal infection, invasive*
- ☐ Middle East Respiratory Syndrome
- ☐ Plague*
- ☐ Poliomyelitis (☐Paralytic ☐ Non-paralytic)
- ☐ Rabies
- ☐ Rubella (including congenital)
- ☐ SARS*
- ☐ Smallpox*
- ☐ Tularemia*
- ☐ Typhoid fever (*Salmonella* Typhi infection)*
- ☐ Viral Hemorrhagic fever
- ☐ Yellow fever
- ☐ Suspected outbreak (specify): _____

_____

ROUTINE Reporting (Report within 24 hours, fax report to ID EPI at 505-827-0013)

- ☐ Arboviral (other): _____
- ☐ Brucellosis
- ☐ Campylobacteriosis*
- ☐ Carbapenem-resistant Enterobacteriaceae (CRE or CP-CRE)*
- ☐ Carbapenem-resistant pseudomonas aeruginosa*
- ☐ Chikungunya virus disease
- ☐ Clostridium difficile
- ☐ Coccidiodomycosis
- ☐ Colorado tick fever
- ☐ Cryptosporidiosis
- ☐ Cysticercosis
- ☐ Cyclosporiasis
- ☐ Dengue
- ☐ *E. coli*, Shiga toxin-producing (including *E. coli* O157:H7)*
- ☐ Encephalitis (other): _____
- ☐ Giardiasis
- ☐ Group A Streptococcus, invasive*
- ☐ Group B Streptococcus, invasive*
- ☐ Hansen's Disease/Leprosy
- ☐ Hantavirus pulmonary syndrome
- ☐ Hemolytic uremic syndrome
- ☐ Hepatitis A, acute
- ☐ Hepatitis B (☐ acute, ☐ chronic)
- ☐ Hepatitis C (☐ acute, ☐ chronic)
- ☐ Hepatitis E, acute
- ☐ Influenza-associated pediatric death
- ☐ Influenza, laboratory confirmed hospitalization
- ☐ Legionnaires' disease
- ☐ Leptospirosis
- ☐ Listeriosis*
- ☐ Lyme disease
- ☐ Malaria
- ☐ Mumps
- ☐ Necrotizing fasciitis*
- ☐ Psittacosis
- ☐ Q fever
- ☐ Relapsing fever (tick-borne)
- ☐ Rocky Mountain spotted fever
- ☐ Salmonellosis*
- ☐ Shigellosis*
- ☐ St. Louis encephalitis
- ☐ *Streptococcus pneumoniae*, invasive*
- ☐ Tetanus
- ☐ Trichinosis (Trichinellosis)
- ☐ Toxic shock syndrome
- ☐ Varicella (chickenpox)
- ☐ *Vibrio* infections*
- ☐ West Nile virus infections
- ☐ Western equine encephalitis
- ☐ *Yersinia* infections*
- ☐ Other (specify): _____

Clinical Information

Provider name:	Illness Onset Date:	Diagnosis Date:
Was the patient hospitalized for this illness? ☐ Yes ☐ No ☐ Unknown	Hospital Name:	

Lab Information – Please fax copies of labs with this form

Collection Date	Test and Result

Please fax this form with a copy of relevant lab reports to 505-827-0013

*Laboratory or clinical samples for conditions marked with [*] are required to be sent to the Scientific Laboratory Division.

Comments

Fax report to: Infectious Disease Epidemiology Bureau, Attn: Surveillance Team, Fax: (505) 827-0013, Phone: (505) 827-0006