

Central Montana Health District
 505 W. Main Street
 Suite 213
 Lewistown, MT 59457
 Phone: (406) 535-3983
 Fax: (406) 535-3984

County Health Department/Local Health Jurisdiction (LHJ) Use Only:

LHJ Case ID _____
 Control Measures Implemented ___/___/___
 First report date to LHJ ___/___/___
 LHJ Investigation start date ___/___/___
 First report date to DPHHS ___/___/___
 This report is: Initial Update: ___/___/___

DPHHS Use Only:

MMWR Week _____

CDC Case Status

Confirmed Probable

Disposition

CDC Notification
 Out of State – faxed
 Not a Case

Communicable Disease Case Report

County/Tribal Jurisdiction _____

This notification form fulfills the Administrative Rules of Montana (ARM) requirements for disease reporting. Supplemental disease specific forms may also be required. Disease specific forms are located at the DPHHS SharePoint site <http://contractor.hhs.mt.gov/CDEpi/CDEpifrm/Forms/AllItems.aspx>

1. CASE INFORMATION

Confirmed
 Probable
 Suspect

Disease/Condition _____

Onset Date _____

Diagnosis Date _____

Hospitalized? Y N

Hospital Name _____

Admit Date _____

Discharge Date _____

2. CASE DEMOGRAPHIC INFORMATION

Last Name _____

First Name _____

MI _____

Birth date ___/___/___ Age ___

Address _____

Current Sex F M Unknown

City/Town _____

State _____

Zip _____

Race (check all that apply)

Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Unknown

County/Tribal Jurisdiction _____

Phone _____

Ethnicity Hispanic or Latino
 Not Hispanic or Latino

Control Measures Implemented Y N Date implemented ___/___/___

Sensitive Occupation: Food Handler Y N Patient Care Provider Y N Day Care Provider Y N
 Attends Day Care Y N

3. LABORATORY INFORMATION

Ordering Facility _____

Laboratory Name _____

Ordered Test _____

Collection Date _____

Reported Result _____

Health Care Provider _____

Phone _____

4. REPORTING INFORMATION

Reporter to LHJ _____

Phone _____

5. NOTES

LHJ Investigator _____

Phone/email _____