



**Maine Department of Health and Human Services,
Maine Center for Disease Control and Prevention,
Division of Infectious Disease**

Notifiable Condition Reporting Form *

Notifiable Condition or Disease: _____
 _____ (Attach lab results if available)

Reporting Information

Person Reporting: _____ Title: _____

Agency/Institution: _____ Phone: _____ - _____

Patient Information

Name: _____ Phone: _____ - _____
 (First, MI, Last)

Address: _____ Town: _____

Date of Birth: ___ / ___ / _____ Gender: Male Female

Hispanic or Latino? Yes No Unknown

Race: White Black or African American Asian
 Native Hawaiian/Pacific Islander American Indian/Alaskan Native
 Two or more races Other (specify: _____)

Clinical Information

Specimen source: Blood Cervix Nasal Pharyngeal Spinal Fluid
 Sputum Stool Urethra Urine Other (Specify _____)

Specimen collection date: ___ / ___ / _____

Lab Name: _____

Provider Name: _____ Phone: _____ - _____

Practice Name: _____ Town: _____

Fax form to: Division of Infectious Disease at (800) 293-7534

* For use in reporting Category 2 Notifiable Conditions only;
 * For reporting Category 1 Notifiable Conditions or for information on Reportable Condition categories, please call (800) 821-5821