

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



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

Notifiable Disease Reporting Form

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

Reporting Information

Person Reporting: _____ Title: _____

Agency/Institution: _____ Phone: _____ - _____

Patient Information

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

Address: _____ State: _____

Town: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Gender: Male Female

Hispanic or Latino: Yes No Unknown

Race: White Black or African-American Asian Unknown
 Native Hawaiian/Pacific Islander American Indian/Alaskan Native
 Two or More Races Other – Specify _____

Clinical Information

Specimen Source: Blood Cervix Joint Fluid Nasopharyngeal Spinal Fluid
 Sputum Stool Urethra Urine Other – Specify _____

Specimen Collection Date: ____ / ____ / ____

Lab that Performed Test: _____ Lab Test Name/Type: _____

Is patient hospitalized: Yes → Where? _____ No

Provider Name: _____ Phone: _____ - _____

Practice Name: _____ Town: _____

Fax form to Division of Infectious Disease at (800) 293-7534 or (207) 287-8186