

**Lyme Disease EM Reporting - For Use ONLY for presence of *Erythema migrans***

**Physician Information:**

Name:

Address:

Telephone:

Date	Name	Address	DOB	M/F	Race & Ethnicity	Occupation	Date of Onset	Tick Bite (Y/N)

If you have additional comments, please submit on additional pages.

**Please Fax Weekly to 1-800-293-7534**