

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**