

SUSPECT PERTUSSIS REPORTING FORM

(List all cases being tested or treated)

Clinic _____

Phone Number _____

Date _____

Clinic Contact Person _____

PATIENT NAME PARENT NAME	DOB	ADDRESS	PHONE	DATE TESTED PCR/ CULTURE	COUGH ONSET	MD	TREATED MEDICATION /DOSE	ISOLATED	COMMENTS (i.e. daycare, sensitive occupation, healthcare, etc.)
Patient: Parent(s):			Home: Work: Cellular:						
Patient: Parent(s):			Home: Work: Cellular:						
Patient: Parent(s):			Home: Work: Cellular:						
Patient: Parent(s):			Home: Work: Cellular:						
Patient: Parent(s):			Home: Work: Cellular:						
Patient: Parent(s):			Home: Work: Cellular:						

Please forward information regarding patients who live in Brown County **BY 10:00AM, 3:00 PM, AND 4:15PM EACH DAY** to the Brown County Health Department via **fax (448-6449), or phone (448-6400)**. Please do not wait to submit referrals all together at the end of the day. **OUTSIDE OF REGULAR BUSINESS HOURS, CALL 448-6404** and leave a message on this confidential voicemail, messages will be retrieved periodically throughout the weekend, Public Health starts investigating immediately. X:\MSOffice\Word\Nursing Division\CD_Program\Pertussis\Supect Pertussis Reporting Form.doc