

Part 1: NC Confidential Communicable Disease Report
NC EDSS
Instructions for Completing

This form is used by physicians to make a written report of a communicable disease to the local health department.

1. Enter NC Disease Code number for the disease being reported.
(Refer to list of NC Disease Code numbers on page 2 of Part 1)

2. Provide Demographic Information for the Patient
 - Name...last name, first
 - Birthdate...(dd/mm/yyyy)
 - Sex
 - Parent or Guardian, if patient is a minor
 - Patient Identifier
 May enter medical chart number or identifier - optional
 - Social Security Number (SSN)
 Enter only if number is known to be accurate.
 - Address, City, State, Zip Code ...where patient is currently living
 - County...patient's current county of residence
 - Phone...number where patient can be reached
 - Age
 Enter age in months if patient is less than 12 months.
 Enter age in years only if patient is 12 months or older.
 - Race and Ethnic Origin - Complete both sections.
 - Was patient hospitalized for this disease? (>24 hours)
 Enter "Yes" only if hospitalization occurred as a result of the reported disease.
 - Did patient die from this disease?
 Enter "Yes" only if the reported disease was the primary cause of death.
 - Is the patient pregnant?
 Enter "Yes" only if the patient is currently pregnant.
 - Patient is associated with...
 This information is especially important for respiratory and enteric diseases.
 - In what geographic location was the patient MOST LIKELY exposed?
 Indicate where the disease was acquired.

3. Clinical Findings
 - Is/was patient symptomatic for this disease?
 Enter "Yes" if symptoms of reported disease are/were present
 - Symptom onset date (dd/mm/yyyy)...date symptoms began
 - Specify symptoms
 List symptoms experienced as a result of reported disease

- Treatment details
For Sexually Transmitted Diseases, provide specifics of treatment, administration date, medication, dose, duration of treatment.
4. Diagnostic Testing
Provide lab information that is specific to reported disease.
(A copy of lab results may be attached to Part 1).
 5. Reporting Physician/Practice
Give name of physician/practice reporting disease to public health
 6. Health Care Provider
Give name of physician treating patient for disease, if not the reporter of the disease.