

WAYNE COUNTY HEALTH DEPARTMENT

Nicholas Cascarelli, Ed.D. Health Commissioner Eric A. Smith, MD Medical Director

WAYNE COUNTY HEALTH DEPARTMENT COMMUNICABLE DISEASE CASE REPORT For Class B and C this form may be faxed For Class A- CALL IMMEDIATELY

Phone: 330-264-9590 Fax: 330-262-2538

PATIENT DEMOGRAPHICS										
Patient Name:							Date of Birth:		Age:	
Sex: Race:				Occupation/School/Daycare:						
Street Address:										
City:	State:			Zip Code			Phone:			
Parents Name (if minors):						Pa	Parents Phone Number:			
DISEASE INFORMATION										
Disease Being Reported:							Symptomatic? Sympt Yes □ No □		Sympton	n onset Date:
Testing Done? Re Yes □ No □	sult Date: Patient Aware of Results: Yes \(\square \) No \(\square \)					Treatment Info:				
Patient Hospitalized? Name of Hospital: Yes \(\subseteq \text{No} \subseteq \)					Dates of Hospitalization:					
Describe History of Illness including symptoms and possible exposures (environmental, food/water, person to person, travel): (please send copy of office notes/labs)										
Name of Physician:					Phone Number:					
Address:										
Name of Person Completing Form:							_	Date:		

Vital Statistics - Community Health Services - WIC

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Environmental Health

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