



Tennessee Department of Health Reportable Diseases and Events

Reportable Diseases and Events are declared to be communicable and/or dangerous to the public and are to be reported to the local health department by all hospitals, physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee (T.C.A. §68 Rule 1200-14-01-.02). For more specific details, download the Reportable Diseases and Events Matrix (<https://apps.health.tn.gov/ReportableDiseases>). If further guidance is needed, contact Communicable and Environmental Diseases & Emergency Preparedness at (615) 741-7247 or (800) 404-3006.

Disease/Event Code:									
Demographics	Patient Name:								
	<table border="1"> <tr> <td>Date of Birth: ____/____/____</td> <td>Race: <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (_____)</td> </tr> <tr> <td>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</td> <td></td> </tr> <tr> <td>Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic</td> <td></td> </tr> </table>	Date of Birth: ____/____/____	Race: <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (_____)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic			
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	City: _____ State: _____								
	County: _____ Zip Code: _____								
Phone:									
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Facility/Hospital Name:									
Phone:									
Laboratory	Test:								
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Date of Report: ____/____/____ Person Reporting/Title: _____ Phone: (_____) _____