### Williamson County & Cities Health District

**Notifiable Disease Reporting Form**

- **Reporting facility (type or place stamp here):**  
- **Race Code:**  
  - W = White  
  - B = Black  
  - NA = Native American  
  - PI = Pacific Islander  
  - AS = Asian  
  - O = Other  
  - U = Unknown  
  - A = African  
  - European  
  - Hispanic:  
    - Yes  
    - No  
    - Unk.  

### All Fields Are Required to Be Filled Out Completely

<table>
<thead>
<tr>
<th>Disease</th>
<th>DX Type</th>
<th>Onset Date</th>
<th>M.D. Name</th>
<th>M.D. Telephone</th>
<th>Sex</th>
<th>Race</th>
<th>Hispanic</th>
<th>Pregnant</th>
<th>Food Handler</th>
<th>If &lt; 18 - Name of School</th>
<th>Grade</th>
<th>Teacher</th>
</tr>
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<tbody>
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</tbody>
</table>

**Address:**  
- City:  
- Zip:  
- Telephone:  
  - ( ) _________ - __________
  - ( ) __________ - __________

**Comments:** (lab results, clinical info, occupation, etc.)

**Pregnant:**  
- Yes  
- No  
- Unk.

**Weeks Gestation:** ________ Weeks

**Food Handler:**  
- Yes  
- No  
- Unk.

**Where:**

### Footnotes

- **Disease:**  
- **DX Type:**  
- **Onset Date:**  
- **M.D. Name:** ____________________________________________
- **M.D. Telephone:** ( ) __________________ - ______________
- **Sex:**  
  - Male  
  - Female  
- **Race:**  
  - Yes  
  - No  
- **Hispanic:**  
  - Yes  
  - No  
- **Address:**  
  - City:  
  - Zip:  
  - Telephone:  
    - ( ) _________ - __________
    - ( ) __________ - __________
- **Comments:** (lab results, clinical info, occupation, etc.)
- **Pregnant:**  
  - Yes  
  - No  
  - Unk.

**Weeks Gestation:** ________ Weeks

**Food Handler:**  
- Yes  
- No  
- Unk.

**Where:**

### Additional Information

- **Please fax or mail all Notifiable Conditions for Williamson County residents to:**  
  - Williamson County & Cities Health District - Disease Surveillance  
  - 355 Texas Ave. Round Rock, Texas 78664  
  - **Phone:** 512-943-3660  
  - **Secure Fax:** 512-248-3267  
  - **Please include a copy of lab and vaccination record with form if available.**  

Notifiable Disease Reporting Form - Revised 7/2018