

4605.7090 DISEASE REPORT INFORMATION.

Reports that are required under this chapter shall contain as much of the following information as is known:

- A. disease (whether a case, suspected case, carrier, or death);
- B. date of first symptoms;
- C. primary signs and symptoms;
- D. patient:
 - (1) name;
 - (2) birthdate;
 - (3) gender;
 - (4) ethnic and racial origin;
 - (5) residence address, city, county, and zip code;
 - (6) telephone number; and
 - (7) place of work, school, or child care;
- E. date of report;
- F. health care practitioner name, address, and telephone number;
- G. name of hospital (if any);
- H. name of person reporting (if not health care practitioner);
- I. diagnostic laboratory findings and dates of tests;
- J. name and locating information of contacts (if any);
- K. vaccination history for the disease reported;
- L. pregnancy status and expected date of delivery, if the infection can be transmitted during pregnancy or delivery; and
- M. other information pertinent to the case.

Statutory Authority: *MS s 144.05; 144.072; 144.0742; 144.12; 144.122*

History: *9 SR 2584; 20 SR 858; 30 SR 247; 41 SR 829*

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