APPENDIX - B
Infectious Disease Reporting Form

This form must be used to ***report suspected cases and cases of notifiable conditions*** at Del Mar College. In addition to specified reportable conditions, ***any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported*** *by the most expeditious means available*. A health department epidemiologist may contact you to further investigate this Infectious Disease Report.

NAME OF STUDENT OR EMPLOYEE	AGE	DATE OF BIRTH	SEX	RACE/ ETHNICITY	ADDRESS	PHONE NUMBER

NAME OF DOCTOR OR HOSPITAL IF KNOWN	DOCTOR OR HOSPITAL PHONE NUMBER	POSSIBLE DISEASE	DATE OF ONSET

REPORT COMPLETED BY: _____ _____ **DEPARTMENT:** _____ _____

NAME PHONE DATE

Click to Email EHS Office

Comments:

This form must be completed by the department of the affected student or employee; signed by the department administration and; returned to the EHS & Risk Management Office (Phone Ext: 1641 FAX: 2019).