



Kentucky Reportable Disease Form

Department for Public Health
Division of Epidemiology and Health Planning
275 East Main St., Mailstop HS2E-A
Frankfort, KY 40621-0001



Kentucky Public Health
Prevent. Promote. Protect.

EPID 200 – 2/2021

Disease Name _____

Fax or Mail the Completed Form to the Local Health Department

DEMOGRAPHIC DATA							
Patient's Last Name		First	M.I.		Date of Birth (MM/DD/YYYY)	Age	
Address			City	State	ZIP Code	County of Residence	
Phone Number	Ethnic Origin <input type="checkbox"/> Hisp. <input type="checkbox"/> Non-Hisp.		Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> Asian <input type="checkbox"/> NH/PI <input type="checkbox"/> Am. Ind./Alaska Native <input type="checkbox"/> Other				
Sex Assigned at Birth: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk.		Current Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male-to-Female <input type="checkbox"/> Transgender Female-to-Male <input type="checkbox"/> Unknown Additional Gender Identity (specify): _____					
DISEASE INFORMATION							
Disease/Organism				Date of Onset	Date of Diagnosis		
List Symptoms/Comments					Highest Temperature		
					Days of Diarrhea		
Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Admission Date	Discharge Date		Died? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.		
Hospital Name:			Is Patient Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Due Date (EDC): _____				
School/Daycare Attendee? <input type="checkbox"/> Yes <input type="checkbox"/> No		Outbreak Associated? <input type="checkbox"/> Yes <input type="checkbox"/> No			Food Handler? <input type="checkbox"/> Yes <input type="checkbox"/> No		
School/Daycare Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of School/Daycare: _____			Healthcare Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Person or Agency Completing Form Name: _____ Agency: _____				Attending Physician Name: _____			
Address: _____				Address: _____			
Phone: _____		Date of Report: _____		Phone: _____			
LABORATORY INFORMATION							
Date	Name or Type of Test	Name of Laboratory	Specimen Source	Results			
ADDITIONAL INFORMATION FOR SEXUALLY TRANSMITTED DISEASES ONLY							
Disease: <input type="checkbox"/> Syphilis		Stage: <input type="checkbox"/> Primary (lesion) <input type="checkbox"/> Secondary (symptoms) <input type="checkbox"/> Early Latent <input type="checkbox"/> Late Latent <input type="checkbox"/> Congenital <input type="checkbox"/> Other		Disease: <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia <input type="checkbox"/> Chancroid		Site: (Check all that apply) <input type="checkbox"/> Genital, uncomplicated <input type="checkbox"/> Ophthalmic <input type="checkbox"/> Pharyngeal <input type="checkbox"/> PID/Acute Salpingitis <input type="checkbox"/> Anorectal <input type="checkbox"/> Other _____	
						Resistance: <input type="checkbox"/> Penicillin <input type="checkbox"/> Tetracycline <input type="checkbox"/> Other _____	
Date of Spec. Collection	Laboratory Name	Type of Test	Results	Treatment Date	Medication	Dose	
If syphilis, was previous treatment given for this infection? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, give approximate date and place: _____							

Please use the following information and fax numbers (when relevant) for reporting:

HIV/AIDS Cases:

Forms other than the EPID 200 are required for reporting HIV/AIDS cases in children and adults. Obtain those forms by calling [866-510-0008](tel:866-510-0008), or those forms can be downloaded from the DPH Website, <https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/reportsstats.aspx>. Contact information for telephoning case reports and addresses for mailing case reports are on that Website.

Reports for HIV/AIDS cases should not be faxed.

Pediatric Confidential Case Form (Rev 11/2019)
(for patients younger than 13 at time of diagnosis)

Adult Confidential Form (Rev 11/2019)
(for patients 13 or older at time of diagnosis)

Fillable HIV/AIDS Case Report Forms are available [here](#)

Sexually Transmitted Disease Cases:

Confidential reports for STD cases can be submitted on the EPID 200 form.

Fax a completed form for STD Cases, only, to 502-564-5715. Or, mail to:

Kentucky Department for Public Health
STD Prevention and Control Program
275 E Main St, MS: HS2CC
Frankfort, KY 40621

Reporting All Other Diseases and Conditions Listed in 902 KAR 2:020 (Reportable Disease Surveillance) or in any Public Health Advisory (PHA) Issued per that KAR that Requires Using the EPID 200 Form for Reporting:

Reports, depending upon the notification classification described in 902 KAR 2:020 or in a PHA, shall be submitted by phone, by electronic submission, or by fax or mail submission on an EPID 200 form to the **Local Health Department (LHD) serving the county in which the patient resides.**

If submitted by telephone, an electronic or fax submission shall be made within one business day to the LHD serving the county in which the patient resides.

Kentucky Department for Public Health in Frankfort
Telephone 502-564-3418 or 888-9REPORT (888-973-7678)
SECURE FAX 502-696-3803