

Pertussis Reporting Form for Healthcare Providers

Notifiable Condition: Pertussis		Today's Date:/
		Date of Diagnosis://
Patient Name:Date of Birth:/Definition		
Address:		
Street	City	Zip
Phone: Home () Cell: ()		
Please Complete All Information Below and FAX to JCPH @ 360-385 3878		
Additional Client Information Needed for Case Report: Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White or Caucasian Other Race: Hispanic: Yes No		
Client Occupation or School & Grade:		
Name of Parent/Caregiver if patient is under 18:		
Onset date of symptoms:// Date seen in office://		
ER visit date:/ Date of hospital admission:/		
Lab test and results: (fax copy to (360) 385-3878) Attending Health Care Provider: (Please PRINT Name)		
Symptoms:		□ Fits of Coughing□ Vomiting Due to Cough□ Whoop
Treatment:		
Medication Date of treatment:/		
Possible exposures, including recent travel:		
Have any infants < 1 year or pregnant women been exposed to this patient? ☐ Yes ☐ No		
Are you providing prophylactic treatment to any contacts? Please list names		
Other pertinent information, including predisposing conditions:		
Name of person completing form (please print) Signature		Phone

When possible, please let your patient know that their condition is reportable to the Health Department and that a public health nurse will be contacting them to gather additional information about their illness. Informing your patient about the importance of this reporting process will help us to assess possible exposures and recommend specific steps to take to prevent disease transmission. We appreciate your help.