

INTERSTATE RECIPROCAL NOTIFICATION OF DISEASE

INSTRUCTIONS

This notification should be sent to the State health officer concerned.

STATE HEALTH OFFICERS SHOULD SEND RECIPROCAL NOTIFICATION FOR:

- (1) Cases of all diseases having onset in one State but hospitalized in or transferring to another State.
- (2) Cases of reportable diseases having onset within the State, but presumably infected in the State of usual residence (or other State).
- (3) Cases regarding which epidemiological information or other public health action may be needed.

TO: **State Health Officer,** _____
(State Health Department and Address)

Notification is hereby made of a: case of or carrier of or person exposed to
 _____ (Disease Name)
 in a person whose usual residence is said to be the State of _____ .

NAME OF PATIENT OR PERSON	AGE	SEX	RACE/ETHNICITY
PLACE OF USUAL RESIDENCE <small>(Street)</small> _____ <small>(City or County)</small> _____ <small>(State)</small> _____			
PRESENT ADDRESS <small>(Street or Hospital)</small> _____ <small>(City or County)</small> _____ <small>(State)</small> _____			
NEW ADDRESS OR DESTINATION <small>(Street)</small> _____ <small>(City or County)</small> _____ <small>(State)</small> _____			

Epidemiological investigation indicates that the patient was infected in _____
(State)

- The patient will be isolated until recovery.
 is going to the following destination: _____
 has died.

This case was was not reported in the *Morbidity and Mortality Weekly Report (MMWR)* to the Centers for Disease Control by the State in which onset occurred.

Remarks: (Continue on page 2 if necessary)

REPORTING OFFICER	STATE HEALTH DEPARTMENT	DATE

Remarks (Continued):