Date: _______________________

To: LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH ____________________________

TEL: (213) 351-7800 ____________________________

FAX: (213) 351-2782 ____________________________

FROM: ____________________________ ____________________________

TEL: __________________________________________

FAX: __________________________________________

SUBJECT: URGENT – Reporting Vaccine Preventable Disease to Public Health

As a public health entity conducting surveillance, the Public Health is not required to secure individual patient authorization to obtain protected health information necessary to fulfill public health responsibilities. Additionally, as part of our public health surveillance mandate under Title 17 of the California Code of Regulations, Sections 2500 - 2505, Public Health is authorized by law to collect or receive information for public health activities and purposes.

I am reporting the following individual with a possible vaccine-preventable disease:

Suspected Disease: ☐ Chickenpox ☐ Measles ☐ Mumps ☐ Pertussis ☐ Other: ____________

Last Name: ____________________________

First Name: ____________________________

Date of Birth: ____________________________

Name of School: ____________________________

Grade Level: ____________________________

Last date of attendance: ____________________________

This fax also includes the following information: (please check all included in this fax)

☐ Student’s address and telephone number
☐ Duration of cough
☐ Medical Note or Name and Phone Number from Student’s Health Care Provider
☐ Any information about relationships between students with suspected pertussis (e.g., shared school bus, carpool, school dance, study group)
☐ Exemptions/Conditional Entrants Roster or number of students by grade level who are un/under-vaccinated against pertussis (e.g. personal/medical exemptions, conditional entrants)
☐ Number of high risk contacts (e.g. infants, pregnant women)