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SUPERSEDED

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT DRUM, NEW YORK 13602-5004

MEDDAC Regulation 40-1 28 November 2000

Medical Services
REPORTING COMMUNICABLE DISEASES

1. HISTORY. This issue publishes a revision of Fort Drum Regulation 40-1. It was revised to ensure it reflected current regulatory requirements and proper procedures within the Fort Drum Medical Department Activity (MEDDAC). This issue is a complete rewrite of the previous regulation.

2. PURPOSE. To prescribe procedures for identification, epidemiological investigation, and reporting of all mandated reportable diseases. This document supersedes MEDDAC Regulation 40-1, dated 29 March 1988.

3. APPLICABILITY. This policy applies to all health care beneficiaries (HCBs), both military and non-military, within the MEDDAC's health service region who have been identified with a disease that affects the readiness of the fighting force as well as the general health of the community.

4. REFERENCES.

a. AR 40-5, Preventive Medicine.

b. AR 600-110, Identification, Surveillance and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV).

c. AR 340-21, The Army Privacy Program System Notices and Exemption Rules.

d. Mortality and Morbidity Weekly Report (MMWR), January 23, 1998, Vol. 47, No RR-1: 1998, Guidelines for Treatment of Sexually Transmitted Diseases.

e. New York Sanitary Code (10NYCRR2).

f. U.S. Army Medical Command Memorandum, June 17, 1998, Tri-Service Reportable Events List.

5. GENERAL.

a. Reportable conditions are diseases of major public health concern because of endemicity and/or potential for epidemic spread. These conditions are of command concern because of their occupational relationship and must be reported to Community Health Nursing (CHN), the official reporting agent for MEDDAC. The U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM) and the New York State Department of Health (NYSDoH) are the agencies that specify the conditions and mandate reporting of these conditions.

b. Identification of patients with reportable diseases is required so that:

(1) epidemiological information for disease control may be obtained and exchanged with federal and state public health authorities.

(2) epidemiological investigations are conducted in order to identify and follow up with contacts to ensure community and intra-family spread of certain communicable diseases is curtailed through the use of treatment, immunization and health education.

6. RESPONSIBILITIES.

a. The Commander will ensure the implementation of the disease reporting system.

b. The Chief, Preventive Medicine (PM), is responsible for:

(1) developing guidelines and monitoring the functioning of the disease reporting system.

(2) investigating reportable conditions reported by health care providers at MEDDAC.

(3) providing guidance to the Commander/Directors/Managers regarding disease reporting and investigating.

c. The Chief, Laboratory, will ensure all diagnostic laboratory test results for reportable conditions are provided in a timely manner to CHN .

d. All health care providers who are responsible for diagnosing and treating patients must report required reportable conditions and assist in the identification and prophylaxis/treatment of disease contacts in accordance with the procedures in this regulation.

e. The Chief, Community Health Nurse, will:

(1) ensure education, counseling, follow-up and contact investigations are conducted on all identified patients when relevant to reportable disease.

(2) ensure CHNs and designated interviewers are adequately trained, prepared and knowledgeable about infections and follow-up.

f. The designated Community Health Nurse will:

(1) on a routine basis, survey the Composite Health Care System (CHCS) to identify all confirmed and potential infections.

(2) provide education, counseling, follow-up and contact investigation of all cases referred to PM.

(3) ensure that all information provided by the patient during the interview is documented on an SF 600 and secured as confidential medical information in accordance with AR 340-21.

(4) maintain statistics for monthly reports and report all infections to the appropriate agency for data collection.

7. PROCEDURES. The conditions and diseases that must be reported to CHN are listed in Appendix A. Appendix A further identifies, in bold type, conditions and diseases that need to be reported to CHN immediately.

a. The clinician must notify PM of all reportable diseases, conditions and outbreaks as soon as it is suspected that the disease/condition exists. It is beneficial for the health care provider to contact PM while the patient is present, unless this would significantly delay the notification, to obtain the required information and coordinate a time and place for further interview and education if necessary.

(1) For diseases requiring immediate notification, during duty hours, contact PM at 772-6984. After duty hours, contact the Medical Officer of the Day (MOD), who can contact the PM on-call staff member. For Walter Reed Army Medical Center assistance with disease outbreaks, call DSN 662-3964 or commercial (202) 782-3964 (during duty hours). For CHPPM assistance with disease outbreaks, call DSN 584-1053 or commercial (410) 436-1053 (during duty hours).

(2) The diagnosing and treating health care provider is responsible for reporting to PM and for providing the following information: the patient's name, sponsor's name and social security number, patient's sex, name of the reporting clinic, diagnosis, disease-specific pertinent clinical information when indicated (e.g., Lyme Disease or sexually transmitted diseases), status (e.g., active duty, dependent, civilian), home telephone number and the name of primary health care provider.

b. To report listed conditions and diseases from Appendix A to CHN, practitioners need to fill out the appropriate DA Form 3763 and send it to PM, Bldg P-36, or call CHN at 772-6404 with the information described on the DA Form 3763. Appendix B provides an example of DA Form 3763.

c. Management of data:

(1) The laboratory enters positive results in CHCS.

(3) The CHN gathers necessary data to accomplish reporting and follow-up care. This information is loaded into the Reportable Medical Events System. All reports to CHPPM are via this method, unless an outbreak or high priority disease is involved. Categories will be created for those entities that CHPPM does not require but the civilian community requires to be reported.

(3) Jefferson County Heath Public Health (JCPH): All demographic variables to be reported to the JCPH will be entered on the form DOH-389 (Appendix C) or phoned in the JCPH at 315-786-3720. Mail DOH-389 in small sealed envelope and placed inside a large sealed envelope to:

Jefferson County Public Health
ATTN: Dawn Remington
531 Meade St.
Watertown, NY 13601
(315) 786-3720

8. SAFETY CONSIDERATIONS. None.

APPENDIX A

REPORTABLE DISEASES

Report all listed diseases to Community Health Nursing Service
772-6984
******Bold italic diseases* = **Report immediately**
***Bold type diseases** = Report within **24hrs**

Condition/Disease	NY State Department of Health	CHPPM/RMES
Amebiasis	X	X
Animal bites for which rabies prophylaxis is given	X	
Anthrax	X	X
Babesiosis	X	
Biological warfare agent exposure		X
Botulism	X	X
Brucellosis	X	X
Campylobacter/Campylobacteriosis	X	X
Carbon monoxide poisoning		X
Chancroid	X	
Chemical agent exposure		X
Chlamydia, Genital infections	X	X
Cholera	X	X
Coccidioidomycosis		X
Cold weather injury (all) a. CWI, frostbite b. CWI, hypothermia c. CWI, immersion type d. CWI, unspecified		X
Cryptosporidiosis	X	X
Cyclosporiasis	X	X
Dengue fever		X
Diphtheria	X	X
E. Coli 0157:H7	X	X
Ehrlichiosis	X	X
Encephalitis	X	X
Filariasis		X
Foodborne Illness	X	
Giardiasis	X	X
Gonorrhea	X	X
Haemophilus influenzae, type B (invasive disease)	X	X
Hantavirus Disease	X	X
Heat injuries a. Heat exhaustion b. Heat stroke		X
Hemolytic Uremic Syndrome (HUS)	X	
Hemorrhagic Fever		X

Condition/Disease	NY State Department of Health	CHPPM/RMES
Hepatitis A-acute	X	X
Hepatitis A in a food handler	X	
Hepatitis B, Acute	X	X
Pregnant Hep B Carrier	X	
Hepatitis C-acute	X	X
HIV	X	
Hopsital-associated infections	X	
Influenza		X
Lead poisoning		X
Legionellosis	X	X
Leishmaniasis (all) a. Leish, cutaneous b. Leish, mucocutaneous c. Leish, visceral d. Leish, unspecified		X
Leprosy		X
Leptospirosis		X
Listeriosis	X	X
Lyme disease	X	X
Lymphoganuloma Venereum	X	
Malaria (all) a. Malaria, vivax b. Malaria, falciparum c. Malaria, malariae d. Malaria, ovale e. Malaria, unspecified	X	X
Measles	X	X
Meningitis a. Aseptic or viral ***b. Haemophilus*** ***c. Meningococcal*** d. Other (specify type)	X	
Meningococcal disease a. Meningitis b. Septicemia		X
Meningococcemia	X	
Mumps	X	X
Pertussis	X	X
Plague	X	X
Pneumococcal pneumonia, active duty		X
Poliomyelitis	X	X
Psittacosis	X	
Q fever		X
Rabies, human	X	X
Relapsing fever		X
Rheumatic fever, acute		X
Rift Valley fever		X
Rocky Mountain Spotted Fever	X	X
	X	X
Salmonellosis	X	X

Condition/Disease	NY State Department of Health	CHPPM/RMES
Schistosomiasis		X
Shigellosis	X	X
Smallpox		X
Rubella (include congenital Rubella syndrome)	X	X
Staphylococcus aureus (due to strains showing reduced susceptibility or resistance to vancomycin	X	
Streptococcal infection (invasive disease a. Group A beta-hemolytic strep b. Group B Strep c. Streptococcus pneumoniae	X	X
Syphilis (all) a. Syphilis, prim/sec b. Syphilis, latent c. Syphilis, tertiary d. Syphilis, congenital	X Immediate notification only if any non-treponemal test >1:16 or any positive prenatal or delivery test	X
Tetanus	X	X
Toxic shock syndrome	X	X
Trichinosis	X	X
Trypanosomiasis		X
Tuberculosis, current disease (specify site)	X	X
Tularemia	X	X
Typhoid fever	X	X
Typhus fever		
Urethritis, non-gonococcal (NGU)		X
Vaccine adverse event		X
Varicella, active duty only		X
Vibriosis	X	
Warts, genital		CHN for education
Yellow fever	X	X
Yersiniosis	X	

APPENDIX B

(SEE PRIVACY ACT STATEMENT ON REVERSE)

COMMUNITY HEALTH NURSING – CASE REFERRAL

For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General

TO: *(Name and location)*	FROM: *(Name and location)*
1. NAME OF PATIENT *(Last, First, Middle Initial)*	2. ADDRESS OF PATIENT *(Give specific directions)*
3. DATE OF BIRTH / 4. HOME PHONE	
5. NAME OF SPONSOR *(Last, First, Middle Initial)*	
6. GRADE AND SSN / 7. OFFICE PHONE	

8. ORGANIZATION

9. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
I hereby authorize the release of the medical information relevant to this referral to the _____

_____ *Signature of Patient (or person authorized to consent for patient)* _____ *Date*

10. REASON FOR REFERRAL: OTHER SIGNIFICANT DATA

11. SIGNATURE OF INITIATOR | 12. DATE

13. LOCATION OF RECORDS *(Check applicable box (es))*

MEDICAL RECORDS ☐ ARE ☐ ARE NOT IN FILES OF THIS INSTALLATION.

FAMILY RECORDS ☐ ARE ☐ ARE NOT IN FILES OF THIS INSTALLATION.

This form in and of itself DOES NOT constitute a contract with the Army for payment of services to be rendered.

DA FORM 3763, SEP 79 REPLACES DA FORM 3763, 1 SEP 75 AND DA FORM 3763-R, 26 SEP 75, WHICH ARE OBSOLETE.

USAPP V1.00

14. REPORT OF FINDINGS AND RECOMMENDATIONS

15. SIGNATURE OF INDIVIDUAL COMPLETING ITEM 14 | 16. DATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 5 US Code 301; 10 US Code 1071; 42 US Code; 44 US Code 3101.
2. PRINCIPAL PURPOSE(S): Provides a means for medical and allied medical personnel to refer individuals and families for Army community health nursing services.
3. ROUTINE USES: a. To refer patients or family units to other military and civilian health and welfare agencies or to Army community health nurses at other military installations.
   b. A case referral which contains medical information requires written consent of the patient or legal representative prior to release to a civilian agency.
   c. A doctor's signature is required when medication and/or treatments are ordered.
   d. To provide continuity of care, minimize duplication of effort and furnish accurate information to other health care providers.
   e. When case is completed or inactive, one copy of record is returned to the initiator (item 2, above) and duplicate copies of record are destroyed when no longer needed.
4. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary however failure to provide information may prevent continuity of care, cause duplication of effort and prevent accuracy of information to other health care providers.

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF COMMUNICABLE DISEASE CONTROL

Serial #

County of Residence_____

Date Form Received

Supplemental Form Received

Patient's name_____ ( )____-____

Last First Telephone

Address: (Number & Street)

☐ City
☐ Town
☐ Village
☐ Hamlet

Zip Code

City, Town, or Village Date of Birth Age

Census Tract District

Occupation/ Setting:	Race	Ethnicity	Sex	Pregnant
1 ☐ Food Service 2 ☐ Day Care 3 ☐ Health Care 4 ☐ Student/School 5 ☐ Inmate 6 ☐ Other Occ: _____ 7 ☐ Unknown	1 ☐ White 2 ☐ Black 3 ☐ American Indian/Alaskan 4 ☐ Asian/Pacific Islander 5 ☐ Other 6 ☐ Unknown	1 ☐ Hispanic 2 ☐ Non-Hispanic 9 ☐ Unknown	1 ☐ Male 2 ☐ Female 9 ☐ Unknown	1 ☐ Yes 2 ☐ No 9 ☐ Unknown

Hospitalized? 1 Y 2 N ____ / ____ / ____

Admission Date

Name of Hospital PFI Code Chart #

Disease _____ Disease Code

Date of first symptom ____ / ____ / ____ Date of Diagnosis ____ / ____ / ____ Site of Infection _____

Comments (Agent, laboratory data, treatment, etc) _____

Where was disease acquired if not in above municipality _____

Reporting Individual _____ Telephone (____) _____-_____

Address _____

Date of Report ____ / ____ / ____ Check if you need more cards ☐

For Local Health Unit Use

Outbreak Related
1 ☐ Yes
2 ☐ No
9 ☐ Unknown

Case Status
1 ☐ Confirmed Local Health Unit Signature _____
2 ☐ Probable
3 ☐ Suspected Date Report Received ____ / ____ / ____
9 ☐ Unknown

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The proponent for this agency is Preventive Medicine Service, the Infection Control Committee, and the MEDDAC Infection Control Officer. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Department Activity, ATTN: MCID-PM, 11050 Mt Belvedere Blvd, Fort Drum, New York 13602-5004.

FOR THE COMMANDER:

JOHN A. VOETSCH
LTC, MS
Deputy Commander for
Administration

DISTRIBUTION:
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DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT DRUM, NEW YORK 13602-5004

MEDDAC Regulation 40-1 5 February 2004

Medical Services
REPORTING OF REPORTABLE CONDITIONS

1. HISTORY. This document supersedes all previous documents.

2. PURPOSE. To prescribe procedures for identification, epidemiological investigation, and reporting of all mandated reportable conditions. This document supersedes MEDDAC Regulation 40-1, dated 28 November 2000.

3. APPLICABILITY. This policy applies to all health care beneficiaries (HCBs), both military and non-military, within the MEDDAC's health service region who have been identified with a condition that affects the readiness of the fighting force as well as the general health of the community.

4. REFERENCES.

a. AR 40-5, Preventive Medicine

b. AR 600-110, Identification, Surveillance and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV)

c. AR 340-21, The Army Privacy Program System Notices and Exemption Rules

d. Mortality and Morbidity Weekly Report (MMWR), 10 May 2002 Vol. 51 No. RR-6 Sexually Transmitted Diseases Treatment Guidelines 2002. New York Sanitary Code (10NYCRR2)

e. U.S. Army Medical Command Memorandum, 17 June 1998, Tri-Service Reportable Events List

5. GENERAL.

a. Reportable conditions are diseases of major public health concern because of endemicity and/or potential for epidemic spread. These conditions are of command concern because of their occupational relationship and must be reported to Community Health Nursing (CHN), the official reporting agent for MEDDAC. The U.S. Army Center

for Health Promotion and Preventive Medicine (CHPPM) and the New York State Department of Health (NYSDoH) are the agencies that specify the conditions and mandate reporting of these conditions.

b. Identification of patients with reportable condition is required so that:

(1) epidemiological information for disease and or condition control may be obtained and exchanged with federal and state public health authorities.

(2) epidemiological investigations are conducted in order to identify and follow-up with contacts to ensure community and intra-family spread of certain communicable diseases is curtailed through the use of treatment, immunization and health education and to educate of the prevention of future diseases or conditions.

6. RESPONSIBILITIES.

a. The Commander will ensure the implementation of the disease reporting system.

b. The Chief, Preventive Medicine (PM), is responsible for:

(1) developing guidelines and monitoring the functioning of the condition reporting system.

(2) investigating reportable conditions reported by health care providers at MEDDAC.

(3) providing guidance to the Commander/Directors/Managers regarding condition reporting and investigating.

c. The Chief, Laboratory, will ensure all diagnostic laboratory test results for reportable conditions are provided in a timely manner to CHN.

d. All health care providers who are responsible for diagnosing and treating patients must report required reportable conditions and assist in the identification and prophylaxis/treatment of disease contacts in accordance with the procedures in this regulation.

e. The Chief, Community Health Nurse, will:

(1) ensure education, counseling, follow-up and contact investigations are conducted on all identified patients when relevant to reportable conditions.

(2) ensure CHNs and designated interviewers are adequately trained, prepared and knowledgeable about reportable conditions and follow-up.

f. The designated Community Health Nurse will:

(1) on a routine basis, survey the Composite Health Care System (CHCS) to identify all confirmed and potential infections.

(2) provide education, counseling, follow-up and contact investigation on all cases referred to PM.

(3) ensure that all information provided by the patient during the interview is documented on an SF 600 and secured as confidential medical information in accordance with AR 340-21.

(4) maintain statistics for monthly reports and report all infections to the appropriate agency for data collection.

7. PROCEDURES. The conditions and diseases that must be reported to CHN are listed in Appendix A. Appendix A further identifies, in bold type, conditions and diseases that need to be reported to CHN immediately.

a. The clinician must notify PM of all reportable diseases, conditions and outbreaks as soon as it is suspected that the disease/condition exists. It is beneficial for the health care provider to contact PM while the patient is present, unless this would significantly delay the notification, to obtain the required information and coordinate a time and place for further interview and education if necessary.

(1) For diseases requiring immediate notification, during duty hours, contact PM at 772-6984. After duty hours, contact the Medical Officer of the Day (MOD), who can contact the PM on-call staff member. For Walter Reed Army Medical Center assistance with disease outbreaks, call DSN 662-3964 or commercial (202) 782-3964 (during duty hours). For CHPPM assistance with disease outbreaks, call DSN 584-1053 or commercial (410) 436-1053 (during duty hours).

(2) The diagnosing and treating health care provider is responsible for reporting to PM and for providing the following information: the patient's name; sponsor's name and social security number; patient's sex; name of the reporting clinic; diagnosis; disease-specific pertinent clinical information when indicated, e.g., Lyme Disease or sexually transmitted diseases; status, e.g., active duty, dependent, civilian; home telephone number and the name of primary health care provider.

b. To report listed conditions and diseases from Appendix A to CHN, practitioners need to fill out the appropriate DA Form 3763 and send it to PM, Clark Hall, or call CHN at 772-6404 with the information described on the DA Form 3763. Appendix B provides an example of DA Form 3763.

c. Management of data:

(1) The laboratory enters positive results in CHCS.

(2) The CHN gathers necessary data to accomplish reporting and follow up care. This information is loaded into the Reportable Medical Events System. All reports to CHPPM are via this method, unless an outbreak or high priority disease is involved. Categories will be created for those entities that CHPPM does not require but the civilian community requires to be reported.

(3) Jefferson County Heath Public Health (JCPH): All demographic variables to be reported to the JCPH will be entered on the form DOH-389 (Appendix C) or phoned in the JCPH at 315-786-3720. Mail DOH-389 in small sealed envelope and placed inside a large sealed envelope to:

Jefferson County Public Health
ATTN: Dawn Remington
531 Meade St.
Watertown, NY 13601
(315) 786-3720

8. SAFETY CONSIDERATIONS. None.

APPENDIX A

REPORTABLE CONDITIONS

Report all listed conditions to Community Health Nursing Service
772-6404
***Bold italic diseases* = Report immediately**
***Bold type diseases** = Report within **24hrs**

Condition/Disease	NY State Department of Health	CHPPM/RMES
Amebiasis	X	X
Animal bites for which rabies prophylaxis is given	X	
Anthrax	X	X
Babesiosis	X	
Biological warfare agent exposure		X
Botulism	X	X
Brucellosis	X	X
Campylobacter/Campylobacteriosis	X	X
Carbon monoxide poisoning		X
Chancroid	X	
Chemical agent exposure		X
Chlamydia, Genital infections	X	X
Cholera	X	X
Coccidioidomycosis		X
Cold weather injury (all) a. CWI, frostbite b. CWI, hypothermia c. CWI, immersion type d. CWI, unspecified		X
Cryptosporidiosis	X	X
Cyclosporiasis	X	X
Dengue fever		X
Diphtheria	X	X
E. Coli 0157:H7	X	X
Ehrlichiosis	X	X
Encephalitis	X	X
Filariasis		X
Foodborne Illness	X	
Giardiasis	X	X
Gonorrhea	X	X
Haemophilus influenzae, type B (invasive disease)	X	X
Hantavirus Disease	X	X
Heat injuries a. Heat exhaustion b. Heat stroke		X
Hemolytic Uremic Syndrome (HUS)	X	
Hemorrhagic Fever		X

Condition/Disease	NY State Department of Health	CHPPM/RMES
Hepatitis A-acute	X	X
Hepatitis A in a food handler	X	
Hepatitis B, Acute	X	X
Pregnant Hep B Carrier	X	
Hepatitis C-acute	X	X
HIV	X	
Hopsital-associated infections	X	
Influenza		X
Lead poisoning		X
Legionellosis	X	X
Leishmaniasis (all) a. Leish, cutaneous b. Leish, mucocutaneous c. Leish, visceral d. Leish, unspecified		X
Leprosy		X
Leptospirosis		X
Listeriosis	X	X
Lyme disease	X	X
Lymphoganuloma Venereum	X	
Malaria (all) a. Malaria, vivax b. Malaria, falciparum c. Malaria, malariae d. Malaria, ovale e. Malaria, unspecified	X	X
Measles	X	X
Meningitis a. Aseptic or viral ***b. Haemophilus*** ***c. Meningococcal*** d. Other (specify type)	X	
Meningococcal disease a. Meningitis b. Septiciemia		X
Meningococcemia	X	
Mumps	X	X
Pertussis	X	X
Plague	X	X
Pneumococcal pneumonia, active duty		X
Poliomyelitis	X	X
Psittacosis	X	
Q fever		X
Rabies, human	X	X
Relapsing fever		X
Rheumatic fever, acute		X
Rift Valley fever		X
Rocky Mountain Spotted Fever	X	X
	X	X
Salmonellosis	X	X

Condition/Disease	NY State Department of Health	CHPPM/RMES
Schistosomiasis		X
Shigellosis	X	X
Smallpox		X
Rubella (include congenital Rubella syndrome)	X	X
Staphylococcus aureus (due to strains showing reduced susceptibility or resistance to vancomycin	X	
Streptococcal infection (invasive disease a. Group A beta-hemolytic strep b. Group B Strep c. Streptococcus pneumoniae	X	X
Syphilis (all) a. Syphilis, prim/sec b. Syphilis, latent c. Syphilis, tertiary d. Syphilis, congenital	X Immediate notification only if any non-treponemal test >1:16 or any positive prenatal or delivery test	X
Tetanus	X	X
Toxic shock syndrome	X	X
Trichinosis	X	X
Trypanosomiasis		X
Tuberculosis, current disease (specify site)	X	X
Tularemia	X	X
Typhoid fever	X	X
Typhus fever		
Urethritis, non-gonococcal (NGU)		X
Vaccine adverse event		X
Varicella, active duty only		X
Vibriosis	X	
Warts, genital		CHN for education
Yellow fever	X	X
Yersiniosis	X	

APPENDIX B

(SEE PRIVACY ACT STATEMENT ON REVERSE)

COMMUNITY HEALTH NURSING – CASE REFERRAL

For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General

TO: (*Name and location*)	FROM: (*Name and location*)
1. NAME OF PATIENT (*Last, First, Middle Initial*)	2. ADDRESS OF PATIENT (*Give specific directions*)
3. DATE OF BIRTH / 4. HOME PHONE	
5. NAME OF SPONSOR (*Last, First, Middle Initial*)	
6. GRADE AND SSN / 7. OFFICE PHONE	
8. ORGANIZATION	

9. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
I hereby authorize the release of the medical information relevant to this ~~referral to the~~

Signature of Patient (or person authorized to consent for patient) *Date*

10. REASON FOR REFERRAL; OTHER SIGNIFICANT DATA

11. SIGNATURE OF INITIATOR	12. DATE

13. LOCATION OF RECORDS (*Check applicable box (es)*)

MEDICAL RECORDS ☐ ARE ☐ ARE NOT IN FILES OF THIS INSTALLATION.

FAMILY RECORDS ☐ ARE ☐ ARE NOT IN FILES OF THIS INSTALLATION.

This form in and of itself DOES NOT constitute a contract with the Army for payment of services to be rendered.

DA FORM 3763, SEP 79 REPLACES DA FORM 3763, 1 SEP 75 AND DA FORM 3763-R, 26 SEP 75, WHICH ARE OBSOLETE.

USAPP V1.00

14. REPORT OF FINDINGS AND RECOMMENDATIONS

15. SIGNATURE OF INDIVIDUAL COMPLETING ITEM 14.

16. DATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 5 US Code 301; 10 US Code 1071; 42 US Code; 44 US Code 3101.
2. PRINCIPAL PURPOSE(S): Provides a means for medical and allied medical personnel to refer individuals and families for Army community health nursing services.
3. ROUTINE USES: a. To refer patients or family units to other military and civilian health and welfare agencies or to Army community health nurses at other military installations.
   b. A case referral which contains medical information requires written consent of the patient or legal representative prior to release to a civilian agency.
   c. A doctor's signature is required when medication and/or treatments are ordered.
   d. To provide continuity of care, minimize duplication of effort and furnish accurate information to other health care providers.
   e. When case is completed or inactive, one copy of record is returned to the initiator (item 2, above) and duplicate copies of record are destroyed when no longer needed.
4. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary however failure to provide information may prevent continuity of care, cause duplication of effort and prevent accuracy of information to other health care providers.

USAPPC V1.00

APPENDIX C

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF COMMUNICABLE DISEASE CONTROL

County of Residence_____

CONFIDENTIAL CASE REPORT

Serial #

Date Form Received
Supplemental Form Received

Patinet's name_____ ( )____-____
Last First Telephone

Address: (Number & Street) ☐ City ☐ Town ☐ Village ☐ Hamlet

Zip Code

City, Town, or Village Date of Birth Age

Census Tract District

Occupation/ Setting:	Race	Ethnicity	Sex	Pregnant
1 ☐ Food Service 2 ☐ Day Care 3 ☐ Health Care 4 ☐ Student/School 5 ☐ Inmate 6 ☐ Other Occ:_____ 7 ☐ Unknown	1 ☐ White 2 ☐ Black 3 ☐ American Indian/Alaskan 4 ☐ Asian/Pacific Islander 5 ☐ Other 6 ☐ Unknown	1 ☐ Hispanic 2 ☐ Non-Hispanic 9 ☐ Unknown	1 ☐ Male 2 ☐ Female 9 ☐ Unknown	1 ☐ Yes 2 ☐ No 9 ☐ Unknown

Hospitalized? 1 Y 2 N ____/____/____ Admission Date

Name of Hospital PFI Code Chart #

Disease Diagnosis Code

Date of first symptom ____/____/____ Date of Diagnosis ____/____/____ Site of Infection_____

Comments (Agent, laboratory data, treatment, etc)_____

Where was disease acquired if not in above municipality_____

Reporting Individual_____ Telephone (_____) _____ - _____

Address_____

Date of Report____/____/____ Check if you need more cards ☐

For Local Health Unit Use

Outbreak Related	Case Status	
1 ☐ Yes	1 ☐ Confirmed	Local Health Unit Signature_____
2 ☐ No	2 ☐ Probable	
9 ☐ Unknown	3 ☐ Suspected	Date Report Received ____/____/____
	9 ☐ Unknown	

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The proponent for this agency is Preventive Medicine Service, the Infection Control Committee, and the MEDDAC Infection Control Officer. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Department Activity, ATTN: MCID-PM, 11050 Mt Belvedere Blvd, Fort Drum, New York 13602-5004.

FOR THE COMMANDER:

RANDOLPH G. HOWARD, JR
LTC, MS
Deputy Commander for
Administration

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