



IOWA CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASE

DO NOT USE THIS FORM TO REPORT HIV OR AIDS

Report within 3 days of receiving Positive Test Result

Fax this form to: BLACK HAWK COUNTY HEALTH DEPT @ 319-291-2529

Form with fields for: (Please Print) Last Name, First Name, MI, Date of Birth, Sex at Birth, Pregnant?, Address, City, State, Zip Code, Cell Phone, Other Phone, Marital Status, Race, Ethnicity, Clinician/Provider, Facility/Clinic Name, Name & Phone # of Person Reporting This Positive, Date Reported, Facility/Clinic Address, City, State, Zip Code, Clinician/Provider Telephone, Name of Laboratory, City, State, Zip Code, Laboratory Telephone.

\*FORM MUST BE COMPLETED\*

\* Report Within 3 days of Receiving Positive Test Result \*

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Diagnosis: Chlamydia, Gonorrhea, Syphilis: Primary, Secondary, Early Latent, Late Latent, Late Syphilis w/ clinical manifestations.

Labs: Date of Exam/Collection, Tested for: Chlamydia or Gonorrhea, Tested for: Syphilis, Tested for HIV at visit, \*Do Not report Positive HIV result on this form\*

Treatment (Check all that apply): Date Treated, Treated on site, Rx given, Azithromycin, Ceftriaxone, Doxycycline, Cefixime, Benzathine Pen G, Other.

Sex partner(s) information (if available)\*, \*Note: Contact the Iowa Department of Public Health to request follow-up with partners of persons diagnosed with chlamydia.

REPORT Positive HIV results to: Iowa Department of Public Health , HIV Surveillance Office at 515-242-5141 or 515-281-6918

Go to http://www.cdc.gov/std/tg2015/default.htm for 2015 STD Treatment Guidelines

03/2017



