

## STD / HIV Disease Reporting Form

**\*PLEASE ATTACH COPY OF LAB RESULTS TO THIS REPORT!**

<b>Patient Name:</b> (Last, First, Middle)		<b>SS#:</b>		<b>Age:</b>	
<b>Street Address:</b>		<b>DOB:</b>		<b>City:</b>	
<b>Race:</b>		<b>Sex:</b>		<b>State:</b>	
<b>Employment:</b>		<b>Work Phone:</b>		<b>Home Phone:</b>	
<b>Other Locating Information:</b> (Next of kin, emergency locating information, etc.)		<b>Pregnant: Y N</b>		<b>Weeks:</b>	
<b>Date Specimens Taken:</b>		<b>Tests Performed:</b>		<b>Treatment/Rx:</b>	
<b>Date of Results:</b>		<b>Test Results:</b>		<b>Treatment Date:</b>	
<b>Reporting Agency:</b>		<b>Address:</b>		<b>Phone Number:</b>	
<b>Physician:</b>					

**Waco-McLennan County Public Health District Morbidity Report (J-27)**  
**225 West Waco Drive**  
**Waco, Texas 76707**  
**Phone: (254) 750-5498**  
**Fax: (254) 750-5480**

**\*CALL BEFORE FAXING CONFIDENTIAL INFORMATION**