



Notifiable Condition Report Form

October 2026

Date of report:

Reporting Facility:

Phone:

Person preparing report:

Patient Information

Patient Name (Last, First):

DOB:

Sex: ☐ Male ☐ Female

Is patient deceased? ☐ Yes ☐ No

Date of Death:

Died from this illness? ☐ Yes ☐ No

Address (street):

City:

State:

ZIP:

Phone # (Home):

Phone # (Work):

Phone # (Cell):

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Race: ☐ Asian ☐ American Indian / Alaskan Native ☐ Black / African American ☐ Native Hawaiian / Other Pacific Islander ☐ White ☐ Unknown

Occupation:

If minor, parent or guardian name:

Pregnant? ☐ Yes ☐ No ☐ Unknown

Associated with a nursing home? ☐ Yes ☐ No ☐ Unknown

Food handler? ☐ Yes ☐ No ☐ Unknown

Associated with a health care facility? ☐ Yes ☐ No ☐ Unknown

Associated with a day care facility? ☐ Yes ☐ No ☐ Unknown

Suspected foodborne or waterborne illness? ☐ Yes ☐ No ☐ Unknown

Condition

EMERGENCY Reporting (IMMEDIATE reporting required, call at 1-833-796-8773)

- ☐ Anthrax*
- ☐ Avian or novel influenza*
- ☐ Bordetella species (including pertussis)*
- ☐ Botulism (☐ infant, ☐ foodborne, ☐ wound)*
- ☐ Cholera*
- ☐ Diphtheria*
- ☐ Foodborne illness, 2 or more unrelated persons (specify)*: _____
- ☐ *Haemophilus influenzae*, invasive*
- ☐ Illness caused by biologic or chemical agent (specify)*: _____
- ☐ Measles
- ☐ Meningococcal infection, invasive*
- ☐ Middle East Respiratory Syndrome
- ☐ Plague*
- ☐ Poliomyelitis (☐ Paralytic ☐ Non-paralytic)
- ☐ Rabies
- ☐ Rubella (including congenital)
- ☐ SARS*
- ☐ Severe smallpox vaccine reaction
- ☐ Smallpox*
- ☐ Tularemia*
- ☐ Typhoid fever (*Salmonella typhi* infection)*
- ☐ Viral hemorrhagic fever
- ☐ Waterborne illness, 2 or more unrelated persons (specify)*: _____
- ☐ Yellow fever
- ☐ Suspected outbreak (specify): _____

ROUTINE Reporting (Report within 24 hours, fax report to 505-827-0013)

- ☐ Arboviral (other): _____
- ☐ Brucellosis
- ☐ Campylobacteriosis*
- ☐ *Candida auris**
- ☐ Carbapenemase-producing organism (CPO)*
- ☐ Carbapenem-resistant *Acinetobacter baumannii* (CRAB)*
- ☐ Carbapenem-resistant *Enterobacteriaceae* (CRE or CP-CRE)*
- ☐ Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)*
- ☐ Chikungunya virus disease
- ☐ *Clostridium difficile*†
- ☐ Coccidioidomycosis
- ☐ Colorado tick fever
- ☐ Cryptosporidiosis
- ☐ Cysticercosis
- ☐ Cyclosporiasis
- ☐ Dengue
- ☐ *E. coli*, Shiga toxin-producing (including *E. coli* 0157:H7)*
- ☐ Encephalitis (other): _____
- ☐ Giardiasis
- ☐ Group A *Streptococcus*, invasive*
- ☐ Group B *Streptococcus*, invasive*
- ☐ Hansen's disease/Leprosy*
- ☐ Hantavirus pulmonary syndrome
- ☐ Hemolytic uremic syndrome
- ☐ Hepatitis A, acute
- ☐ Hepatitis B (☐ acute, ☐ chronic)
- ☐ Hepatitis C (☐ acute, ☐ chronic)
- ☐ Hepatitis E, acute
- ☐ Influenza-associated pediatric death
- ☐ Influenza, laboratory-confirmed hospitalization†
- ☐ Legionnaire's disease
- ☐ Leptospirosis
- ☐ Listeriosis*
- ☐ Lyme disease
- ☐ Malaria
- ☐ Mumps
- ☐ Necrotizing fasciitis*
- ☐ Psittacosis
- ☐ Q fever
- ☐ Relapsing fever
- ☐ Respiratory syncytial virus (RSV), laboratory confirmed hospitalizations only†
- ☐ Salmonellosis*
- ☐ SARS-CoV-2 (COVID-19), laboratory-confirmed hospitalizations only*†
- ☐ Shigellosis*
- ☐ Spotted fever rickettsiosis/Rocky Mountain spotted fever
- ☐ St. Louis encephalitis
- ☐ *Streptococcus pneumoniae*, invasive*
- ☐ Tetanus*
- ☐ Trichinosis (Trichinellosis)*
- ☐ Toxic shock syndrome
- ☐ Tuberculosis, active disease (suspected or lab-confirmed)*
- ☐ Varicella (chickenpox)
- ☐ *Vibrio* infections*
- ☐ West Nile virus infections
- ☐ Western equine encephalitis
- ☐ *Yersinia* infections*
- ☐ Other (specify): _____

Collection Date

Test and Result

Please fax this form with a copy of relevant laboratory results to Infectious Disease Epidemiology Bureau, Attn: Surveillance Team, Fax: (505) 827-0013.

Comments

Laboratory or clinical samples for conditions marked with [] are required to be sent to the Scientific Laboratory Division.

†Required for sentinel surveillance which is conducted through a network of selected geographical reporting sites known as sentinel sites.