



COUNTY OF LOS ANGELES ✧ DEPARTMENT OF PUBLIC HEALTH
Vaccine Preventable Disease Control

3530 Wilshire Blvd., Suite 700, Los Angeles, CA 90010 ✧ Voice: 213 351-7800 ✧ Fax: 213 351-2780

**URGENT –
Infectious Disease
Investigation**

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)