



STD Surveillance
Orange, Osceola, Brevard,
Seminole Counties

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**FLORIDA CONFIDENTIAL REPORT OF
SEXUALLY TRANSMITTED DISEASES**

"Protecting Your Health...It's what we do"

Sex assigned at birth: FEMALE / MALE
Pregnant? YES / NO
Pregnancy EDD _____

Patient Name: _____
DOB: _____ **SSN:** _____
Address: _____
Phone: _____
Email: _____

Please print legibly OR use a label.

RACE: WHITE BLACK OTHER AM INDIAN/ALASKAN ASIAN/PAC ISLANDER
ETHNICITY: Hispanic / Non-Hispanic

Provider Name: _____ **Provider Phone:** _____

Provider Address: _____

CASES OF SYPHILIS MUST BE REPORTED TO DOH STD WITH TREATMENT BY THE NEXT BUSINESS DAY

| CHLAMYDIA | GONORRHEA | OTHER |
|--|--|---|
| <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Pelvic Inflammatory Disease (PID) <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Disseminated Gonococcal <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Oral/Pharyngeal <input type="checkbox"/> Other resistant strain <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Penicillinase-Producing <input type="checkbox"/> Neisseria Gonorrhea (PPNG) <input type="checkbox"/> Rectal | <input type="checkbox"/> Cancroid <input type="checkbox"/> Granuloma Inguinal <input type="checkbox"/> Herpes Simplex* <input type="checkbox"/> Human Papillomavirus** <input type="checkbox"/> Lymphogranuloma <input type="checkbox"/> Venereal <input type="checkbox"/> Other (specify) |
| Collection date | Collection date | Collection date |
| Reporting laboratory | Reporting laboratory | Reporting laboratory |
| Treatment date _____ * CDC Recommended Regimen <input type="checkbox"/> Azithromycin 1 gm * <input type="checkbox"/> Doxycycline 100 mg BID x 7d * <input type="checkbox"/> Levofloxacin 500 mg x 7d <input type="checkbox"/> Ofloxacin 300 mg BID x 7d <input type="checkbox"/> Amoxicillin 500 mg TID x 7d <input type="checkbox"/> Erythromycin base 500 QID x 7d IF PREGNANT <input type="checkbox"/> Azithromycin 1 gm * <input type="checkbox"/> Erythromycin base 500 QID x 7d <input type="checkbox"/> Amoxicillin 500 TID x 7d NOTE: Any treatment used other than recommended treatment will need a Test of Cure 3 weeks after completion of therapy. Test of Cure less than 3 weeks could yield false positive results. | Treatment date _____ * CDC Recommended Regimen Uncomplicated gonococcal infections of the cervix, urethra, rectum, pharynx, and pregnant patients: ---- Ceftriaxone 500 mg **** ONLY IF <i>The patient has severe cephalosporin allergy:</i> <input type="checkbox"/> AZ 2 gm in a single oral dose AND Gentamicin 240 mg in a single dose. TOC in 1 week ----- Other (Please Specify) | * In infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children < 12 yrs. Old. ** HPV associated with laryngeal papilloma's or recurrent respiratory papillomatosis in children < 6 yrs. old; anogenital in children < 12 yrs. old. |