

STD Surveillance

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FLORIDA CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES

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

Gender: FEMALE / MALE
Pregnant? YES / NO
Pregnancy due date _____

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

Please print or use a label.

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

Provider Name: _____ Phone: _____
Address: _____

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

SYPHILIS		
Reason for visit:	Symptoms:	Previous history of syphilis infection? YES NO Previous titer (if known): 1: _____ Date of last negative RPR: _____
Collection date:	Symptom onset date:	# of sexual partners (within past year):
Reporting laboratory	Sexual orientation:	
<u>Confirmatory tests</u> _____ TP-PA positive _____ FTA-ABS positive _____ IgG-EIA positive _____ MHA-TP <u>Diagnosis</u> _____ Primary _____ Secondary _____ Early Latent (< 1 yr) _____ Late Latent _____ Tertiary _____ Congenital	<u>Treatment dates:</u> 2.4 BIC #1 _____ 2.4 BIC #2 _____ 2.4 BIC #3 _____ _____ Doxycycline 100 BID x 14 days Date _____ _____ Doxycycline 100 QID x 28 days Date _____ <u>IF PREGNANT</u> Was sex partner(s) treated? YES / NO If NO, was sex partner(s) referred to the Health Department? YES / NO	<u>Sexual Partner(s) information (if known/given):</u>

REPORTING: STD

**832 W. Central
Blvd.
Orlando, FL
32805**

Fax 407-836-7101

HIV
407-858-1400
x1297

EPI
407-858-1420
FAX: 407-858-5517

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WEBSITE FOR AN
ELECTRONIC
COPY OF OUR
REPORTING FORM**
[http://orange.florid
ahealth.gov](http://orange.florid
ahealth.gov)