

ILLINOIS DEPARTMENT OF PUBLIC HEALTH ILLINOIS CONFIDENTIAL MORBIDITY REPORT OF SEXUALLY TRANSMITTED INFECTIONS

PATIENT INFORMATIO	N								
FIRST NAME	N .			M.I.		Expedite	d Partner Th	erapy (El	PT) given
FIRST NAME				WI.I.		to patien	with CHLA	AMYDIA	and/or
LACTNAME			IDOC #				O No		•
LAST NAME			IDOC #				how many	intrio Will	
						partners	?		
STREET ADDRESS									
APARTMENT NUMBER	CITY								STATE
ZID CODE	COUNTY OF RESIDEN			BHON	 ENUMBE				
ZIP CODE	COUNTY OF RESIDEN				E NUMBE	`			
						-	[
DATE OF BIRTH		elect All That Apply				N 011	ETHNICIT		. 1
	White	r African American	American Indian or	Alaskan Nativ		Other Unknown	O Hispani		
	Asian		Native Hawaiian or	Other Pacific I		, orininowii	O Unknov		
SEX AT BIRTH CURRENT Male Male			SEX OF SEX PA		(Select Al sgender Ma		PREGNA	NT () Ye	es O No
O Female O Female	○ Transgende	er Female (MTF)*	O Female	○ Trans	sgender Fe	male (MTF)	' <u>EST. D</u> UE	DATE	
11	○ Transgendeng Else ○ Unknown	er Unknown	○ Something Els	O Trans e O Unkr	sgender Un	ıknown	$\parallel \parallel \parallel \parallel \parallel /$		/
DIAGNOSIS	ig Else O Olikilowii		O COMOCILING LIC	0 0 011111	IOWIT		<u> </u>		
Chlamydia	Gonorrhea	Other S	Tls	Syphilis	Stage	Syp	hilis Symp	toms	
○ Genito-urinary ○ Rectal	○ Genito-urinary ○	Rectal O Char		O Prima			esion/Chan		⊃ None
○ Ophthalmia [°] ○ PID*		DGI*		O Secor	-		ash (P/P* c		
○ Pneumonia ○ LGV*	○ Pharyngeal ○	PID* DATE OF	TEST/EXAM	○ Early,	NPNS*		leurologic:_)cular:		
Other:	0.045	II /	1 /			100	Cuiai		
O Other.	O Other:			O Late o	or Unknov	^{vn} loc)tic:		
LABORATORY TEST(S)		NOSIS		○ Late of Conge		vii 0 c	otic: other:		
	RELATED TO DIAGN	NOSIS rrhea Test		○ Conge Syphilis	enital Tests	VII 0 0	Otic: Other:		
LABORATORY TEST(S)	RELATED TO DIAGN		DLLECTED	○ Conge Syphilis	enital Tests	VII 0 0)tic:		7 RESULT
LABORATORY TEST(S) Chlamydia Test	RELATED TO DIAGN	rrhea Test	DLLECTED /	○ Conge Syphilis	Tests	VII 0 0	Otic: Other:		RESULT O Pos
Chlamydia Test DATE POSITIVE TEST COL	RELATED TO DIAGN Gono LECTED DATE	rrhea Test POSITIVE TEST CO	/ 🔲	O Conga Syphilis Serologi DATE OF TI	Tests ic Screer	ning Test:	Otic: Other:		RESULT
LABORATORY TEST(S) Chlamydia Test	RELATED TO DIAGN Gono LECTED DATE	rrhea Test POSITIVE TEST CO /	/ 🔲	O Conge Syphilis Serologi DATE OF TI	Tests ic Screer EST Titer 1:	ning Test:	e RPR, VDR	L	RESULT O Pos O Neg
LABORATORY TEST(S) Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFO	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever	rrhea Test POSITIVE TEST CO /	/ 🔲	O Conge Syphilis Serologi DATE OF TI	Tests ic Screer EST Titer 1:	ning Test:	Otic: Other:	L	RESULT O Pos O Neg
LABORATORY TEST(S) Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFO	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever	rrhea Test POSITIVE TEST CO /	/ 🔲	O Conge Syphilis Serologi DATE OF TI	Tests ic Screen EST Titer 1:	ning Test:	e RPR, VDR	L	RESULT O Pos Neg A, EIA RESULT O Pos
LABORATORY TEST(S) Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFO	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever	rrhea Test POSITIVE TEST CO /	/ 🔲	O Conge Syphilis Serologi DATE OF TH Serologi	Tests ic Screer EST Titer 1: c Confirm	ning Test:	RPR, VDR	SS, TP-P	RESULT O Pos Neg A, EIA RESULT O Pos O Neg
LABORATORY TEST(S) Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFO	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever	rrhea Test POSITIVE TEST CO /	/ 🔲	O Conge Syphilis Serologi DATE OF TH DATE OF TH Darkfield	Tests ic Screen EST Titer 1: c Confirm EST d / DFA-1	ning Test:	e RPR, VDR	SS, TP-P	RESULT O Pos Neg A, EIA RESULT O Pos O Neg RESULT
LABORATORY TEST(S) Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFO	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever	rrhea Test POSITIVE TEST CO /	/ 🔲	O Conge Syphilis Serologi DATE OF TH Serologi	Tests ic Screen EST Titer 1: c Confirm EST d / DFA-1	ning Test:	RPR, VDR	SS, TP-P	RESULT O Pos Neg A, EIA RESULT O Pos O Neg
LABORATORY TEST(S) Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFO	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever	rrhea Test POSITIVE TEST CO /	/ 🔲	O Conge Syphilis Serologi DATE OF TH DATE OF TH Darkfield	Tests ic Screer EST C Confirm EST d / DFA-1	ning Test:	RPR, VDR	SS, TP-P	RESULT O Pos Neg A, EIA RESULT O Pos Neg RESULT O Pos O Neg RESULT
LABORATORY TEST(S) Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFO Date(s) Treated	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever RX Co	POSITIVE TEST CO	ment codes)	O Conge Syphilis Serologi DATE OF TE Darkfield DATE OF TE	Tests ic Screer EST Titer 1: c Confirm EST DFA-1	ning Test:	RPR, VDR	SS, TP-P	RESULT O Pos Neg A, EIA RESULT O Pos Neg RESULT O Pos O Neg RESULT O Pos O Neg
LABORATORY TEST(S) Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFOL Date(s) Treated	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever RX Co	Positive CSF-VDRL)	ment codes)	Serologi DATE OF TE DATE OF TE CSF-VDI DATE OF TE	Tests ic Screer EST Titer 1: c Confirm EST TRL EST TRL	ning Test: / [matory Te / [TP or PCR / [etic: RPR, VDR st: FTA-AE (from lesic	SS, TP-P	RESULT O Pos Neg A, EIA RESULT O Pos Neg RESULT O Pos O Neg RESULT
Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFO Date(s) Treated / / / / / Syphilis Neurologic Involutions FACILITY WHERE	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever RX Co	Positive CSF-VDRL)	ment codes) O Possible	Serologi DATE OF TE DATE OF TE CSF-VDI DATE OF TE	Tests ic Screer EST Titer 1: c Confirm EST TRL EST TRL	ning Test: / [matory Te / [TP or PCR / [RPR, VDR	SS, TP-P	RESULT O Pos Neg A, EIA RESULT O Pos Neg RESULT O Pos O Neg RESULT O Pos O Neg
LABORATORY TEST(S) Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFO Date(s) Treated	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever RX Co. /	POSITIVE TEST CO See side for treatides Other Positive CSF-VDRL) OLLECTED	Possible Name	Serologi DATE OF THE DATE OF THE DATE OF THE CSF-VDI DATE OF THE	Tests ic Screer EST Titer 1: c Confirm EST RL EST WHERE	ning Test: matory Te	ottic: Other: Other: RPR, VDR St: FTA-AE (from lesion WAS TRE	SS, TP-P	RESULT O Pos Neg A, EIA RESULT O Pos Neg RESULT O Pos O Neg RESULT O Pos O Neg RESULT O Pos O Neg
LABORATORY TEST(S) Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFO Date(s) Treated	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever RX Con RX Con Verified (F	POSITIVE TEST CO See side for treatedes Other Positive CSF-VDRL)	O Possible Name Address	Serologi DATE OF THE DATE OF THE DATE OF THE CSF-VDI DATE OF THE	Tests ic Screer EST Titer 1: c Confirm EST RL EST WHERE	matory Te TP or PCR PATIENT	ottic: Other: Other: RPR, VDR St: FTA-AB C (from lesic) C (from lesic) MAS TRE	SS, TP-P	RESULT O Pos Neg A, EIA RESULT O Pos Neg RESULT O Pos O Neg RESULT O Pos O Neg RESULT O Pos O Neg
LABORATORY TEST(S) Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFO Date(s) Treated	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever RX Con RX Con Verified (F	POSITIVE TEST CO See side for treatides Other Positive CSF-VDRL) OLLECTED	Possible Name Address City	Serologi DATE OF THE DATE OF THE DATE OF THE CSF-VDI DATE OF THE	Tests ic Screer EST Titer 1: c Confirm EST RL EST WHERE	ning Test:	ottic: Other: Other: RPR, VDR St: FTA-AE (from lesion WAS TRE	SS, TP-P	RESULT O Pos Neg A, EIA RESULT O Pos Neg RESULT O Pos O Neg RESULT O Pos O Neg RESULT O Pos O Neg
LABORATORY TEST(S) Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFO Date(s) Treated	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever RX Con Mathematical Control RX Control RX Con Mathematical Control RX Cont	POSITIVE TEST CO See side for treatides Other Positive CSF-VDRL) OLLECTED	O Possible Name Address City Name of Pe	Serologi DATE OF TE DATE OF TE DATE OF TE CSF-VDI DATE OF TE	Tests ic Screer EST C Confirm EST C WHERE	ning Test: /	otic: Other: Oth	SS, TP-P	RESULT O Pos Neg A, EIA RESULT O Pos O Neg
LABORATORY TEST(S) Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFOL Date(s) Treated	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever RX Con RX Co	POSITIVE TEST CO See side for treatides Other Positive CSF-VDRL) OLLECTED	O Possible Name Address City Name of Pe	Serologi DATE OF TE DATE OF TE DATE OF TE CSF-VDI DATE OF TE	Tests ic Screer EST C Confirm EST C WHERE	ning Test: matory Te	oneepartment	STI prog	RESULT O Pos Neg A, EIA RESULT O Pos Neg RESULT O Pos Neg RESULT O Pos Neg RESULT O Pos Neg
LABORATORY TEST(S) Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFO Date(s) Treated	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever RX Con RX Co	POSITIVE TEST CO See side for treatides Other Positive CSF-VDRL) OLLECTED	O Possible Name Address City Name of Pe	Serologi DATE OF TE DATE OF TE DATE OF TE CSF-VDI DATE OF TE	Tests ic Screer EST C Confirm EST C WHERE	ming Test: matory Te patient Ph I health d Illinois ATTN:	epartment of STI Section	STI prog	RESULT O Pos Neg A, EIA RESULT O Pos Neg RESULT O Pos O Neg RESULT O Pos O Neg RESULT O Pos O Neg RESULT I O Pos I O
Chlamydia Test DATE POSITIVE TEST COL TREATMENT (RX) INFO Date(s) Treated	RELATED TO DIAGN Gono LECTED DATE RMATION (See rever RX Con RX Co	POSITIVE TEST CO See side for treatides Other Positive CSF-VDRL) OLLECTED	O Possible Name Address City Name of Pe	Serologi DATE OF TE DATE OF TE DATE OF TE CSF-VDI DATE OF TE	Tests ic Screer EST Titer 1: c Confirm EST TRL EST WHERE eting Form our loca	matory Te PATIENT Ph I health d I health d	one Department of	STI prog	RESULT O Pos Neg A, EIA RESULT O Pos Neg RESULT O Pos O Neg RESULT O Pos O Neg RESULT O Pos O Neg RESULT I O Pos I O

Updated 2022



Use the Rx codes below for completing the treatment information on the reverse side.

Rx Code	CHLAMYDIA
210	AZITHROMYCIN 1 GM
215	DOXYCYCLINE 100 MG BID X 7 DAYS
220	DOXYCYCLINE 100 MG BID X 14 DAYS
225	DOXYCYCLINE 100 MG BID X 10 DAYS
205	AMOXICILLIN 500 MG TID X 7 DAYS
245	ERYTHROMYCIN BASE 250 MG QID X 14 DAYS
255	ERYTHROMYCIN BASE 500 MG QID X 7 DAYS
265	OFLOXACIN 300 MG BID X 7 DAYS
285	LEVOFLOXACIN 500 MG DAILY X 7 DAYS
256	PEDIATRIC TREATMENT (Please indicate drug, dose, and regimen under "Other")
600	IV THERAPY (Please indicate drug, dose, and regimen under "Other")

Note: If dual therapy was administered, enter the appropriate Rx Code listed under Gonorrhea.

Rx Code	GONORRHEA (DUAL THERAPY¹)
325	CEFTRIAXONE 500 MG
330	CEFIXIME 800 MG
125	GEMIFLOXACIN 320 MG PLUS AZITHROMYCIN 2 GM
130	GENTAMICIN 240 MG PLUS AZITHROMYCIN 2 GM
120	CEFTRIAXONE 500 MG PLUS DOXYCYCLINE 100 MG BID X 7 DAYS ²
105	CEFIXIME 800 MG PLUS DOXYCYCLINE 100 MG BID X 7 DAYS ²
357	PEDIATRIC TREATMENT (Please indicate drug, dose, and regimen under "Other")
600	IV THERAPY (Please indicate drug, dose, and regimen under "Other")

Rx Code	SYPHILIS	Rx Code	SYPHILIS
705	BENZATHINE PENICILLIN G 2.4 MU	770	AQ. CRYST. PCN IV X 10-14 DAYS
725	BENZATHINE PENICILLIN G 2.4 MU X 3 WEEKS	775	DOXYCYCLINE 100 MG BID X 14 DAYS
755	BENZATHINE PENICILLIN G PEDIATRIC	780	DOXYCYCLINE 100 MG BID X 28 DAYS
765	PROCAINE PENICILLIN G IM X 10-14 DAYS		

Rx Code	CHANCROID	Rx Code	LYMPHOGRANULOMA VENEREUM (LGV)
400	AZITHROMYCIN 1 GM	500	DOXYCYCLINE 100 MG BID X 21 DAYS
405	CEFTRIAXONE 250 MG	505	ERYTHROMYCIN BASE 500 MG QID X 21 DAYS
410	CIPROFLOXACIN 500 MG BID X 3 DAYS	510	AZITHROMYCIN 1 GM WEEKLY X 3 WEEKS
415	ERYTHROMYCIN BASE 500 MG TID X 7 DAYS		

Rx Code	MISCELLANEOUS CODES
000	NO TREATMENT (Applies to All Diagnoses)
800	OTHER ADEQUATE TREATMENT (Please indicate drug, dose, and regimen under "Other")

¹ Administration of two medications.

*Abbreviations:

MTF-Male to Female FTM-Female to Male PID-Pelvic Inflammatory Disease DGI-Disseminated Gonoccocal Infection LGV-Lymphogranuloma venereum NPNS-non-primary, non-secondary P/P-Plantar/Palmar GBR-Generalized Body Rash

For more details on the CDC STD Treatment Guidelines or information on STDs, visit: www.cdc.gov/std.

The Illinois Department of Public Health is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Sexually Transmissible Disease Control Act (410 ILCS 325, ch. 111 ½, par. 7401 et seq). Disclosure of this information is MANDATORY.

² If chlamydial infection has not been excluded, treat for chlamydia with doxycycline 100 mg orally 2 times/day for 7 days.