



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

SCHOOLS OF MEDICINE
EMPLOYEE COMMUNICABLE DISEASE REPORT

Employee: _____ Clinic: _____

Facility: _____ First day of Illness: _____

Employee assessed by a licensed physician _____
(Name)

Date of assessment: _____

Date proposed to return to work (if applicable): _____

Return to work statement completed and filed: Yes ____ No ____ N/A ____

If N/A; How are others going to be protected from the spread of this infection? (i.e., reassignment of work duties, etc.)
Please explain:

To be in compliance with State Law, any disease/condition that is considered to be a state reportable disease/condition must be reported to the local Health Department. Supervisors are asked to supply the Infection Control Office with data that could pose a risk of infection to patients or other health care workers.

Diseases/conditions listed on Attachment 7.20.A should be reported to the Infection Control Office. Please list the disease or condition in the space provided:

Has this illness been reported by the physician to the appropriate state agency? Yes ____ No ____ N/A ____

Signature of Supervisor: _____ Date: _____

The Infection Control Office does not require reports for other illnesses.

Please send to:
Infection Control Office or Employee Health Designee