

Communicable Disease Status Verification from Physician



This will confirm that _____ is free from the
(Paramedic Name)

following communicable diseases as per Table 1, Part B of the Communicable Diseases Standards.

TABLE 1 – PART B

Acquired Immunodeficiency Syndrome (AIDS)	Measles
Amebiasis	Viral Meningitis
Anthrax	Meningococcal Meningitis
Botulism	Mumps
Campylobacter enteritis	Ophthalmia Neonatorum
Chicken Pox (Varicella)	Parathyphoid Fever
Cholera	Petussis (Whooping Cough)
Cytomegalovirus Infection (Congenital)	Plague
Diphtheria	Poliomyelitis (Acute)
Encephalitis (Primary Viral)	Psittacosis / Ornithosis
Gastroenteritis	Q Fever (Invasive)
Giardiasis	Rabies
Group A Streptococcal Disease (Invasive)	Rubella
Haemophilus Influenza B Disease (Invasive)	Rubella (Congenital Syndrome)
Hemorrhagic Fevers including Ebola virus disease, Marburg Virus Disease, and Other Viral Causes	Salmonellosis
Viral Hepatitis including Hepatitis A, B, and C	Shigellosis
Influenza	Tuberculosis
Lassa Fever	Tularemia
Legionellosis	Typhoid Fever
Leprosy	Verotoxin producing E. Coli Infections
Listeriosis	Yellow Fever
Malaria	Yersiniosis

Name of Physician

Address of Physician

Physician Phone No.

Signature of Physician

Date