



Verification of Communicable Disease Status

Patient's Name _____

Patient's Date of Birth _____

I am verifying that, to the best of my knowledge, the person named above is not acutely symptomatic of any of the communicable diseases listed in the *Table of Communicable Diseases* below.

Physician's Name (Print): _____

Physician's Signature: _____

Date: _____

Table of Communicable Diseases

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