



**CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE REPORTING FORM**  
**MIAMI - DADE COUNTY HEALTH DEPARTMENT**  
**STD SURVEILLANCE**

1350 NW 14th Street, Building 1, Room 204 ■ Miami, FL 33125 ■ Phone:(305)325-3585 ■ Secured Fax: (305)547-1432  
 Attention: Cheryl Hardy ■ Surveillance Manager

Date of Report:		Reporting Facility Name:	
MM	DD	YY	
Person Reporting:		Phone: (    ) -	

PATIENT'S: Name - Address - Phone MR Number - SS#	SEX	DOB	RACE*	DATE	TEST			TREATMENT		Pregnancy EDD or LMP	Physician Phone
					TYPE	RESULT	LAB	TYPE & DOSE	DATE		

*\* If patient is Hispanic, please indicate if it is White Hispanic (WH), or Black Hispanic (BH)*  
 Please report any reactive syphilis serology in pregnant women, newborns, as well as any diagnosed case of syphilis immediately 24/7 by phone or fax (Refer to Florida Statute 384.25 and rules 64D-3.016 and 64D-3.017 of FAC) All other STD results, excluding HIV / AIDS, must be reported on this form and or by telephone by the next business day of receipt of the result.

**DO NOT USE THIS FORM TO REPORT LAB RESULTS OR DIAGNOSIS OF HIV / AIDS, FOR THAT CONTACT HIV / AIDS SURVEILLANCE STAFF AT (305) 470-6999**  
 Form (MDSTD07) Effective Date: June 30, 2008  
**DO NOT FAX HIV / AIDS RESULTS ON THIS FORM**