Department of Health and Human Services

Nebraska Disease Surveilance System

Enter date here

NEBRASKA
Good Life. Great Mission.

STD Treatment Case Report

Last Name	First & Middle	Alias	Address	Phone Number(s)

Race	Ethnicity	Marital Status	DOB	Sex at Birth	City	State	Zip Code	Phone Type

Pregnancy?	Est Delivery Date

Initiating DIS	Closing DIS

NEDSS Case Number / Event Number

Other Information :

#	Diagnosis	Treatment Date(s)	Treatment / Other Treatment	Treating Provider	STD Disposition	Initiation Date / Disposition Date
1						
2						
3						
4						

Laboratory Name	Collection Date	Test Type	Specimen Type	Result1	Result Value