



CHIPPEWA COUNTY HEALTH DEPARTMENT

508 Ashmun Street, Suite 120
Sault Ste. Marie, Michigan 49783
www.chippewahd.com

CONFIDENTIAL SEXUALLY TRANSMITTED INFECTION REPORTING FORM

☐ Chlamydia ☐ Gonorrhea ☐ Syphilis

Provider Name: _____

Practice Name/Location: _____

Date collected: _____

Specimen source: ☐ vaginal ☐ cervical ☐ urethral ☐ urine ☐ rectal ☐ throat ☐ blood/serum

Name of lab specimen analyzed at: _____

Patient Name: _____ DOB: _____ ☐ Male ☐ Female

Address: _____ City: _____ County: _____

Phone number: _____

Race: ☐ White ☐ African American/Black ☐ Asian ☐ American Indian/Alaska Native

☐ Hawaiian/ Pacific Islander ☐ Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Pregnant: ☐ yes ☐ no If yes, EDD _____

Number of partners: _____ Number of partners treated: _____

Why tested? ☐ self-referred ☐ symptomatic ☐ partner referred ☐ screening ☐ prenatal ☐ recheck

HIV status: ☐ positive ☐ negative ☐ unknown or never tested

Date patient treated: _____

RECOMMENDED CHLAMYDIA TREATMENT: ☐ Doxycycline 100mg BID x7 days

ALTERNATIVE TREATMENT: ☐ Azithromycin 1gm x1 dose

RECOMMENDED GONORRHEA TREATMENT: ☐ Ceftriaxone 500mg IM x1 dose

ALTERNATIVE TREATMENT: ☐ Gentamicin 240mg IM x1 dose AND azithromycin 2gm PO x1 dose

**If chlamydia test is positive or results are unknown also treat with Doxycycline 100mg BID x7 days

Form Completed By: _____ Title _____

Date: _____ Phone number: _____

Fax completed form to: Chippewa County Health Department Attn: Communicable Disease RN 906-635-7081