



PUTNAM COUNTY DEPARTMENT OF HEALTH
 1 Geneva Road, Brewster, NY 10509 ■ 845-808-1390
 www.putnamcountyny.gov/health
 A PHAB-ACCREDITED HEALTH DEPARTMENT

Kevin M. Byrne
 COUNTY EXECUTIVE

Michael J. Nesheiwat, MD
 INTERIM COMMISSIONER OF HEALTH

ERYTHEMA MIGRANS REPORTING FORM

THIS RASH CONFIRMS THE DIAGNOSIS OF LYME DISEASE AND MUST BE REPORTED TO THE PUTNAM COUNTY HEALTH DEPARTMENT

****LAB RESULTS ARE NOT NEEDED TO CONFIRM THE DIAGNOSIS****

Patient Demographic information:

Last Name: _____ First Name: _____ DOB: _____
 Address: _____ City/ Town: _____ Zip: _____
 Telephone number: _____ Sex: _____
 Race: _____ Occupation: _____

Patient Clinical information:

Date of 1st symptom: _____ Date of Diagnosis: _____

EM rash > 5 cm: Yes ___ No ___

Other symptoms:

Treatment start date: _____

Medication: _____ Length of treatment: _____

Reporting physician: _____ Date: _____

Telephone number: _____

Please return by Fax or mail to:

Fax # (845) 447-9490