

## Case Report Form Explanation

(Source: <http://dph.georgia.gov/reporting-forms-data-requests#Snail%20Mail>)

### **Reporting as a Provider**

- Report serving any individual who is HIV-positive whom you have not previously served/reported within seven (7) days.
- This **includes** anyone who may have been reported by another state or facility.
- Unless **you** have previously reported a patient, complete a report form.

Fill out the Adult Case Report Form, ([Click for Case Report Form](#)) and mail to:

Georgia Division of Public Health, Epi Section  
P.O. Box 2107  
Atlanta, GA 30301

- Reminder: you will not be able to answer all the questions - simply report what you know; you are not expected to report what you do not know.
- Note: do not write HIV or AIDS on the envelope.