

DATA IDENTIFIER		New Jersey Department of Health CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE REPORT						DATE OF REPORT	
PATIENT NAME (Last, First, Middle/Maiden)				PHONE NUMBER		PATIENT STREET ADDRESS			
AGE	DATE OF BIRTH	PREGNANT <input type="checkbox"/> Yes <input type="checkbox"/> No	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE <input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian/Pac. Is. <input type="checkbox"/> Other	ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	CITY/TOWN		ZIP CODE
STD DISEASE CODES					PLEASE WRITE IN CODES FOR DISEASE(S) YOU ARE REPORTING FOR THIS PATIENT:				
710 Primary Syphilis (lesion present)					100 Chancroid				
720 Secondary Syphilis (rash present)					200 Chlamydia				
730 Early Latent Syphilis (<1 yr. duration)					300 Gonorrhea *				
745 Late Latent Syphilis (>1 yr. or unknown duration)					500 Granuloma Inguinale				
750 Late Syphilis with Symptomatic Manifestations					600 Lymphogranuloma Venereum				
760 Neuro Syphilis									
PROVIDER/HOSPITAL/PHYSICIAN: _____					FOR NJDOH USE ONLY				
ADDRESS: _____					FIELD UNIT CASE #:				
CITY/STATE/ZIP: _____					PROVIDER TYPE CODE #:				
TELEPHONE: _____									

LABORATORY TEST					TREATMENT ADMINISTERED	
NAME OF LAB →					DATE TREATMENT STARTED →	
Date	Test	Reactive	Titer	Non-Reactive	<input type="checkbox"/> Benzathine PCN, 2.4 mu IM x _____ weekly doses <input type="checkbox"/> Ceftriaxone (Rocephin®), 250 mg IM <input type="checkbox"/> Doxycycline 100 mg p.o. bid x _____ days <input type="checkbox"/> Azithromycin 1 gm <input type="checkbox"/> Other: <input type="checkbox"/> NO TREATMENT ADMINISTERED (Explain in <i>Comments</i>)	
	RPR				PLEASE FAX REPORT TO THE STD PROGRAM AT: (609) 826-4870 If unable to fax, see Contact Information below for mailing reports.	
	VDRL					
	FTA-ABS					
	TP-PA					
Date	Disease	Result	Test Type	Specimen Site		
	CHLAMYDIA					
	GONORRHEA					
COMMENTS: _____						

STD-11
MAY 16

To find the **STD-11, CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE REPORT** form, please go to: nj.gov/health/std/

CONTACT INFORMATION: **New Jersey Department of Health
Sexually Transmitted Disease Program
PO Box 363
Trenton, NJ 08625-0363**

PHONE: (609) 826-4869