**Section 663.40 Report Form**

The form "Report of a Communicable Disease", furnished by the Illinois Department of Public Health shall be used to report each case. The report shall include: name, address, telephone number, age, sex, and race of the patient; date of onset; name and address of hospital and physician; date of report; and name of person reporting. If the patient is transferred to another hospital, the name and address of the second hospital, name of attending physician, and date of transfer shall also be reported.