## REPORTABLE INFECTION DISEASES

Code No. <u>504.2-E (2)</u>

The following infectious diseases are required to be reported to the state and local public health offices:

Acquired Immune Deficiency Syndrome (AIDS)	Leprosy	Rubella (German Measles)
Amebiasis	Leptospirosis	Rubeola (measles)
Anthrax	Lyme Disease	Salmonellosis
Botulism	Malaria	Shigellosis
Brucellosis	Meningitis (Bacterial of viral)	Tetanus
Campylobacteriosis	Mumps	Toxic Shock Syndrome
Chlamydia	Parvovirus B 19 (fifth	Trichinosis
Trachomatisinfection	disease and other complications)	
Cholera	Pertussis (whooping cough)	Tuberculosis
Diphtheria	Plague	Tularemia
E. Coli 0157:h7	Poliomyelitis	Typhoid fever
Encephalitis	Psittacosis	Typhus Fever
Giardiasis	Rabies	Venereal Disease
Hepatitis, viral (A, B, Non-A	Reye's Syndrome	Chancroid
<ul><li>Non-B, Unspecified)</li></ul>		Gonorrhea
Histoplasmosis	Rheumatic fever –	Granulom Inguinale
	Yellow Fever	Lymphogranuloma
Human Immunodeficiency	Rocky Mountain	Venereum
Virus (HIV) infection other than AIDS	Spotted Fever	Syphilis
Influenza	Rubella (congenital syndrome)	
Legionellosis		

Any other disease that is unusual in incidence, occurs in unusual numbers of circumstances, or appears to be of public health concern, e.g., epidemic diarrhea, food or waterborne outbreaks, acute respiratory illness.

NOTE: Be sure to mail the appropriate copies to both the state and local public health offices.

## $\frac{\text{REQUEST OF NON-PARENT FOR EXAMINATION AND/OR COPIES OF STUDENT}{\text{RECORDS}}$

(Full Legal Name of Student) (Dat			
The undersigned requests copies of the following official	al student records of the above studer	nt:	
The undersigned certifies that they are (check one):			
(a) An official of another school system in which the student intends to enroll		(	)
(b) An authorized representative of the Comptroller General of the United States		(	)
(c) An authorized representative of the Secretary of the U.S. Department of Education		(	)
(d) An administrative head of an education agency as defined in Section 408 of the Education Amendments of 1974.		(	)
(e) An official of the Iowa Department of Education		(	)
(f) A person connected with the student's application for, or receipt of, financial aid (SPECIFY DETAILS ABOVE.)		(	)
The undersigned agrees that no other person will have obtained through this request without the written permis student if the student is of majority age.	· · · · · · · · · · · · · · · · · · ·	the	
	(Signature)		
	(Title)		
APPROVED:	Date:		
	Address:		
Signature:	City:		
Title:	State: Zip:		
Dated:	Phone Number:		