MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNICABLE DISEASE CONTROL AND PREVENTION

MRSA VRE REPORTING

GENERAL INFORMATION

- Send completed form:

By MAIL: **FAX:** **OR** **EMAIL:**

Missouri Department of Health and Senior Services 573-882-6713 HAI_Reporting@health.mo.gov
Bureau of Communicable Disease Control and Prevention
Central District Office
1500 Vandiver, Ste. 112
Columbia, MO 65203

FACILITY INFORMATION

NAME OF FACILITY	TYPE OF FACILITY (HOSPITAL, SURGICAL CENTER)	NUMBER OF BEDS

ADDRESS

CITY	STATE	ZIP CODE	COUNTY

NAME OF CONTACT	TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
	( ) -	( ) -	

DATA

REPORTING QUARTER (check one)

January-March ☐ April-June ☐

July-September ☐ October-December ☐

Total number of nosocomial isolates of *S. aureus* for reporting quarter: ☐

Number of nosocomial isolates of *S aureus* sensitive to methicillin (oxacillin, etc.) for reporting quarter: ☐

Total number of nosocomial isolates of enterococci for reporting quarter: ☐

Number of nosocomial isolates of enterococci sensitive to vancomycin for reporting quarter: ☐

I hereby certify that all of the information provided on this form is complete and true to the best of my knowledge.

SIGNATURE OF CONTACT	DATE
➡	