



**Congenital Syphilis****Infant Information** Live Birth  Weight in grams \_\_\_\_\_ Still birth  Born alive, then died Date\_\_\_\_\_

Estimated gestation age (weeks) \_\_\_\_\_

 Darkfield PositiveLong Bones X-rays  Positive  NegativeCSF VDRL  Reactive  Non-reactiveWBC >5/mm3  Yes  NoProtein >50 mg/dl  Yes  No Hepatosplenomegaly Cutaneous lesions Snuffles Asymptomatic Other \_\_\_\_\_**Maternal Information**

Mother's Name \_\_\_\_\_

Medical Record Number \_\_\_\_\_

Mother's Birth Date \_\_\_\_\_

**Mother's Race** White  Black  Asian  Multiple Races American Indian/Alaskan Native Native Hawaiian or Pacific Islander**Ethnicity**  Hispanic  Non-HispanicMother's Diagnosis \_\_\_\_\_  
(Stage)by \_\_\_\_\_  
(Physician)Prenatal Care \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date First Visit)

Total visits \_\_\_\_\_

 **No Prenatal Care****Mother's Serology History**

	Date	Titer		Date	Result
RPR			FTA		
RPR			TP-PA		
RPR					

**Treatment Based upon Diagnosis**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

 2.4 mu Benzathine Pen G(Bicillin) Ceftriaxone Sodium (Rocephin) 7.2 mu Benzathine Pen G(Bicillin) 125 mg  250 mg Cefixime (Suprax) 400 mg Azithromycin 1 gm  Azithromycin 2 gm Metronidazole 500 mg BID X Doxycycline 100 mg BID X 7 days  10 days  14 days 7 days  14 days  (Other) \_\_\_\_days (Other) \_\_\_\_days

Other Treatment and Dosage \_\_\_\_\_

**Reported by**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Please mail completed pages of this form to: The Division of Public Health STD Program Office at 417 Federal Street, Dover, DE 19901 or fax to 302-857-5086. If you need to contact us with questions or request a copy of the DPH reporting regulations please call at (302) 744-1025 or visit our web site at <http://www.dhss.delaware.gov/dhss/dph/dpc/stds.html>