ARIZONA DEPARTMENT OF CORRECTIONS
INFECTOUS DISEASE REPORT STATEWIDE

CONTRACTOR NAME: _____

For Quarter and Year: _____ Date Submitted: _____

	Number of Inmates with the following:										
ARIZONA STATE PRISON COMPLEX	AIDS	CYLAMYDIA	GONNARHEA	HIV	HEPATIS A	HEPATIS B	HEPATIS C	POSITIVE PPD	SYPHILLIS		
Douglas											
Eyman											
Florence											
Lewis											
Perryville											
Phoenix											
Safford/Ft. Grant											
Tucson											
Winslow											
Yuma											