



Maricopa County Department of Public Health  
STI Program

**Hospital Reporting Form**

Reporting Hospital: \_\_\_\_\_

Month of Report: \_\_\_\_\_ Year: \_\_\_\_\_

**MONTHLY SYPHILIS PREVENTION STATISTICS**

| Total number of births at the facility | Total number of births at which the mother receives a syphilis RPR test | Total number of births with a syphilis positive mother |
|--|---|--|
|  |   |  |

Name of Submitter: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MAIL TO:** MCDPH Field Services  
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Phoenix, AZ. 85006

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STI Program Supervisor  
(602) 506-6401

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Due Date: Requested by the 15<sup>th</sup> of the following month.

If you have any questions, please contact Sabrina Sanchez at (602) 506-6401.

Thank you.

