

# Level I Data- Coral Disease Incident Report

Case ID #

(Administrative Use Only)

## \* Required Information

### \*Observer Information

Name

Address

Tele

Email

Affiliation

Date of Observation (mm/dd/yy)

### Location of Suspected Disease Incident

\*Geographic Locality (site, city, county, state)

Name of Reef

Reef type, if known

GPS Coordinates

(include degrees, minutes, seconds, and NSEW)

How many times have you dived on this reef?

Occurrence Details- click checkbox  
Leave Blank if Unknown

Single Location?  Yes  No

Throughout Reef?  Yes  No

Multiple Reefs?  Yes  No

\*Recent Change?  Yes  No

\*Previously Observed?  Yes  No

How many coral colonies?

Coral types affected

1  2  >3

### Species Affected (list all)

File a separate report for each Genus

Genus

Species

Common Name(s)

Describe Types

(e.g. branching, boulder)

\* Description of Affected Coral  
click check box, leave blank if unknown

Color change  Yes  No

Tissue loss  Yes  No

Skeletal damage  Yes  No

Growth anomaly  Yes  No

Describe

(any specific information you may have)

Data Collected

Sea conditions

Water Temperature

Water Clarity

Photographs

Depth

\*General Description of what you saw:

Thank you for filling out this form, your information will be used to assist in the study of coral disease.  
For additional information please see the webpage: [http://www.coral.noaa.gov/coral\\_disease/cdhc.shtml](http://www.coral.noaa.gov/coral_disease/cdhc.shtml).  
It would be helpful to know where you obtained this form:

(e.g. Web, Dive Shop, National Park Service, National Marine Sanctuary, Other-describe)

Fax #: