## **CONFIDENTIAL MORBIDITY REPORT**

NOTE: For STD, Hepatitis, or TB, complete appropriate section below. Special reporting requirements and reportable diseases on back.

<b>DISEASE BEING R</b>	REPORTED:					
Patient's Last Name		Social S	ecurity Number		Ethnicity (√ one)	
					Hispanic/Latino	
					Non-Hispanic/No	n-l atino
First Name/Middle Name	(or initial)	Birth Dan Month	<b>te</b> Day Year	Age		
	•				Race (✓ one)	
					☐ African-American	/Black
Address: Number, Street	<u>t</u>		Apt./Unit Nun	nber	Asian/Pacific Isla	nder (✓ one)
					Asian-Indian	Japanese
City/Town		State Z	IP Code		Cambodian	☐ Korean
				7	Chinese	Laotian
					☐ Filipino	☐ Samoan
Area Code Home Tele	ephone Gende	er Pregnant?		Delivery Date	Guamanian	Vietnamese
Tione reactions	i — — — — — — — — — — — — — — — — — — —		Month	T Call	Hawaiian	Other
		F Y N Unk				
Area Code Work Telep	phone Patient's	s Occupation/Setting			Native American/	Alaskan Native
<u>                                    </u>	Food		Correctional facilit	ty		
	☐ Heal	th care	Other		☐ Other:	
DATE OF ONSET	Reporting Health Care Provider				REPORT	TO
Month Day Year						
	Reporting Health Care Facility					
DATE DIAGNOSED	Address					
Month Day Year	av.		710.0			
	City	State	ZIP Code			
DATE OF DEATH	Telephone Number	Fax				
Month Day Year	( )	( )				
Month Bay Foar	Submitted by	Date Submitted				
	,	(Month/Day/Year)		(Obtain	additional forms from your	local health department.)
SEXUALLY TRANSMIT	TED DISEASES (STD)	•	V	IRAL HEPATIT	IS	Not
Syphilis		Syphilis Test Re	_	J Нер А	Pos	Neg Pend Done
<ul><li>Primary (lesion present)</li><li>Secondary</li></ul>	) ☐ Late latent > 1 yea ☐ Late (tertiary)	_		] Hep B	anti-HAV IgM HBsAg	<u> </u>
Early latent < 1 year	Congenital		Pos  Neg	∏ Acute	anti-HBc	
			CSF-VDRL: Pos Neg Chronic		anti-HBc IgM	
☐ Neurosyphilis		Other:			anti-HBs	
Gonorrhea	Chlamydia	☐ PID (Unknown E	tiology)	Hep C	anti-HCV	
☐ Urethral/Cervical ☐ PID	☐ Urethral/Cervical ☐ PID	Chancroid		☐ Acute ☐ Chronic	PCR-HCV	
Other:	Other:		I Urethritis	Hep D (Delta)	anti-Delta	
STD TREATMENT INFORMATION Untreated Other: OTHER						
☐ Treated (Drugs, Dosage		_		uspected Exposi	· · · —	_
	Month Day Y	rear ☐ Unable to contact ☐ Refused treatme	·		Other needle Sexuexposure conta	
		Referred to:			Other:	
TUBERCULOSIS (TB)				<u>,                                    </u>	TB TREATMENT IN	NFORMATION
Status	Mantoux TB Skin Test	Bacteriology			Current Treatme	
☐ Active Disease ☐ Confirmed	Month Day	Year	Month	Day Year	│ │ INH │ F │ │ EMB │ │ (	RIF
Suspected	Date Performed	Date Specimen (	Collected		Mor	
☐ Infected, No Disease		Pending			Date Treatment	
Convertor	Results: mm	Not Done Source			Initiated	
Reactor	Chest X-Ray Month Day		s ∏Neg ∏Pen s ∏Neg ∏Pen		☐ Untreated	
Site(s)	Chest X-Ray Month Day	Year Culture: DPo	з јучеу јгеп	ang	Will treat	
Pulmonary	Date Performed	Other test(s)			Unable to conta	ct patient
Extra-Pulmonary		lot done	Refused treatment			
Both REMARKS	Cavitary Abnormal/Nonc	avitary			Referred to:	

## Title 17, California Code of Regulations (CCR), §2500, §2593, §2641-2643, and §2800-2812 Reportable Diseases and Conditions\*

## §2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions §2500(b) listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- §2500(c) The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health
- §2500(a)(14) "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

## URGENCY REPORTING REQUIREMENTS [17 CCR §2500 (h) (i)]

FAX ( Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic

Non-Gonococcal Urethritis (Excluding Laboratory Confirmed

m Meningococcal Infections

Chlamydial Infections)

Mumps

- = Report **immediately** by **telephone** (designated by a ♦ in regulations).
- = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a • in regulations).

FAX (\*) = Report by FAX, telephone, or mail within one working day of identification (designated by a + in regulations).

	- All other diseases/conditions should be reported by I AX, telephin	one, or man with	in seven calendar days of identification.		
REPORTA	BLE COMMUNICABLE DISEASES §2500(j)(1), §2641-2643	3			
	Acquired Immune Deficiency Syndrome (AIDS)		Paralytic Shellfish Poisoning		
	(HIV infection only: see "Human Immunodeficiency Virus")	7	Pelvic Inflammatory Disease (PID)		
FAX (P)	Amebiasis	FAV (P)	Pertussis (Whooping Cough)		
	Anisakiasis		Plague, Human or Animal		
	Anthrax		——————————————————————————————————————		
	Babesiosis		Poliomyelitis, Paralytic		
	Botulism (Infant, Foodborne, Wound)	FAX ( <b>f</b> )	Psittacosis		
_	Brucellosis	FAX 🚺 🔀			
_	Campylobacteriosis		Rabies, Human or Animal		
FAX (E)	Chancroid	FAX (🕻) 💌	Relapsing Fever		
			Reye Syndrome		
_	Chamydial Infections		Rheumatic Fever, Acute		
	Cholera		Rocky Mountain Spotted Fever		
<b>T</b>	Ciguatera Fish Poisoning		Rubella (German Measles)		
@ —	Coccidioidomycosis		Rubella Syndrome, Congenital		
	Colorado Tick Fever	FAX 🏈 🔀	Salmonellosis (Other than Typhoid Fever)		
	Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology		Scombroid Fish Poisoning		
FAX 🌓 🔀	Cryptosporidiosis	FAX 🏈 💌	Shigellosis		
	Cysticercosis		Smallpox (Variola)		
_	Dengue	FAX 🏈 💌	Streptococcal Infections (Outbreaks of Any Type and Individual		
<b>7</b>	Diarrhea of the Newborn, Outbreaks		Cases in Food Handlers and Dairy Workers Only)		
_	Diphtheria	FAX 🏈 💌	Swimmer's Itch (Schistosomal Dermatitis)		
	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	FAX 🚺 💌	Syphilis		
	Echinococcosis (Hydatid Disease)	O	Tetanus		
	Ehrlichiosis		Toxic Shock Syndrome		
FAX 🌓 🔀	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic		Toxoplasmosis		
2	Escherichia coli O157:H7 Infection	FAX (P)	Trichinosis		
† FAX 🏈 💌	Foodborne Disease		Tuberculosis		
	Giardiasis		Tularemia		
	Gonococcal Infections		Typhoid Fever, Cases and Carriers		
FAX 🌈 💌	Haemophilus influenzae Invasive Disease	1700	Typhus Fever		
	Hantavirus Infections	<b>a</b>	Varicella (deaths only)		
☎	Hemolytic Uremic Syndrome		Vibrio Infections		
	Hepatitis, Viral		Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa		
FAX (🕻) 🖂	Hepatitis A	Δ	and Marburg viruses)		
O	Hepatitis B (specify acute case or chronic)	EAY (P)	Water-associated Disease		
	Hepatitis C (specify acute case or chronic)		Yellow Fever		
	Hepatitis D (Delta)		Yersiniosis		
	Hepatitis, other, acute		OCCURRENCE of ANY UNUSUAL DISEASE		
	Human Immunodeficiency Virus (HIV) (§2641–2643): reporting	_			
	is NON-NAME (see www.dhs.ca.gov/aids)	2	OUTBREAKS of ANY DISEASE (Including diseases not listed		
	Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)		in §2500). Specify if institutional and/or open community.		
	Legionellosis	REPORTABLE NONCOMMUNICABLE DISEASES AND			
	Leprosy (Hansen Disease)	CONDITIONS §2800–2812 and §2593(b)			
	Lontochirocic				
FAX 🌓 💌		Alzheimer's Disease and Related Conditions, and Disorders Characterized b			
	Lyme Disease	•	f Consciousness		
FAX (P)	Lymphocytic Choriomeningitis	Cancer (except (1) basal and squamous skin cancer unless occurring on			
FAX (C)		genitalia,	and (2) carcinoma in-situ and CIN III of the cervix)		
	Measles (Rubeola)	LOCALLY	DEDORTARI E DISCACES (K Anniloshis)		
····· 🔊 🖂		LUCALLY	REPORTABLE DISEASES (If Applicable):		

This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health and Safety Code §120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, §1364).