CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting all conditions except Tuberculosis and conditions reportable to DMV.

DISEASE BEING REF	PORTE												
Patient Name - Last Name		F	irst Name				МІ	Ethnicity (check	one)				
								Hispanic/La	atino 🗖 N	on-Hispanic/N	on-Latino	🗖 Unk	known
Home Address: Number, Street						Apt./Unit N	lo.	Race (check all that apply)					
City	State	e	ZIP Code			American Indian/Alaska Native							
								Asian (che		,		-:	
Home Telephone Number	ber	Wa	ork Teleph	one Numbe	r	─ ☐ Asian In ☐ Camboo ☐ Chinese	lian	 Hmong Japanese Korean 		ai etnames her <i>(spe</i>			
Email Address				imary nguage	☐ Engli	ish Sp er:	anish	☐ Chinese ☐ Filipino ☐ Pacific Isla		Laotian			<i></i>
Birth Date (mm/dd/yyyy)	Age	□ Ye	ears	Gender		1 to F Transo	gender	□ Native H		Samoan			
		□ M	onths			to M Transg	gender	🗖 Guamar	nian	Other (spe	cify):		
Prognant?	Eat Daling		,	Fem		other:		_ □ White	cifu):				
Pregnant? □ Yes □ No □ Unknown	est. Denve	ery Date (mm)	m/dd/yyyy) Country of Birth					Other (spectrum) Unknown	<i>city)</i>				
										0			
Occupation or Job Title Occupational or Exposure Setting (check all that apply): Food Service Day Care Health Care Correctional Facility School Other (specify):													
Date of Onset (mm/dd/yyyy)	0.2	te of First Sp	ocimon C					gnosis (mm/dd/yyy		ate of Death	(mm/dd/www		
Date of Onset (mm/dd/yyyy)	Da	le of Filst Sp	ecimen c	onection	(11111/00/99	<i>(yy)</i>	ale oi Dia	ignosis (minida/yyy	y) [ale of Dealin	ппп/аа/ууу	()	
Reporting Health Care Provider		Re	porting H	ealth Ca	re Facility				R	EPORT TO:			
Address: Number, Street						Suite/Unit	No.	_					
City			State	e	ZIP Code			_					
Telephone Number Fax Number								_					
Submitted by			Dat	e Submi	tted (mm/d	d/yyyy)		_					
								(Obtain addi	tional forms	from your local	health depa	artment.	.)
Laboratory Name			·		City				State	ZIP Code			
SEXUALLY TRANSMITTED D	ISEASES	6 (STDs)											
Gender of Sex Partners		STD TREA	TMENT	Trea	ated in offic	e 🗖 Giv	/en presc	ription Treat	ment Begar	🗖 Untrea	ted		
(check all that apply) Drug(s), Dos				ute				(<i>mm/dd/yyyy</i>) Will treat					
□ Male □ M to F Transgender □ Female □ F to M Transgender								Unable to contact patient Patient refused treatment					
Unknown D Other:									ient refused ferred to:	treatm	ent		
If reporting Syphilis, Stage:	Syphilis	Test Results		Tit		<u>porting Chla</u> cimen Sour		<u>nd/or Gonorrhea:</u> Symptoms?	<u>lf re</u>	porting Pelvic	: Inflamma all that app		iease:
Secondary	L BE	PR 🗆	Pos 🗖 I	Neg		ck all that ap		□ Yes	Г	Gonococcal		<i>(</i> y)	
□ Early latent < 1 year □ VDRL □ Pos □				Neg Cervical				□ No □ Chlamydial PID					
□ Latent (unknown duration) □ FTA-ABS □ Po				Neg		Pharyngea	I	Unknown Other/Unknown Etiology PID					
Late latent > 1 year	🗖 TF	P-PA	Pos 🗖 I	Neg		Rectal		Partner(s) Treated? No, instructed patient to					
Late (tertiary) EIA/CLIA Pos				Neg		Urethral		☐ Yes, treated in this clinic					
Congenital	L CS	SF-VDRL	Pos 🗖 I	s 🗆 Neg 🔽 Vaginal				☐ Yes, Meds/Prescription given ☐ No, referred partner(s) to:					
Neurosyphilis?				Vaginal				to patient for their partner(s)					
								☐ Yes, other: _		<u> </u>	Inknown		
VIRAL HEPATITIS Diagnosis (check all that apply)		- 41 4		=	-				Pos Neg	1		Pos	Neg
Hepatitis A	-	oatient symp ed Exposure		I Yes	I NO I	Unknown		_	-				-
 Hepatitis B (acute) 	-	•	••••		(SGPT)		Hep	A anti-HAV IgM		Hep C a	inti-HCV	Г	Γ
Hepatitis B (chronic)		transfusion, cal procedure	aontai oi			Upper	Hep	B HBsAg	ГГ	F	RIBA	Γ	Γ
Hepatitis B (perinatal)		ug use r needle expo	euro	Re	sult:	_ Limit:	-1	anti-HBc total			ICV RNA	_	_
☐ Hepatitis C (acute)		al contact	Suic	AST	(SGOT)			anti-HBc IgM		(e.g., PCR)	Г	
Hepatitis C (chronic)		ehold contact		Ba	sult:	Upper Limit:		anti-HBs	ГГ	Hep D a	anti-HDV		
Hepatitis D	Perin			Re	ouit		-1	HBeAg		Hep E a	inti-HEV	Г	
Hepatitis E Child care Other:				Bilirubin result:				anti-HBe HBV DNA:					
		·											
Remarks:													

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- § 2500(b) 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 condition listed below, to report to the local health officer for the juridiction 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 juridiction 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 officer.
- § 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)]

- ${}^{\textcircled{O}}$! = Report immediately by telephone (designated by aullet 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 electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
 - = All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)

			Acquired Immune Deficiency Syndrome (AIDS) (HIV infection only: see "Human Immunodeficiency Virus")	FAX FAX	© ©					
E	хØ		Amebiasis	FAX	-					
F,F	n w			FAA	-					
			Anaplasmosis/Ehrlichiosis		-					
) !	Anthrax	FAX	w	×				
) !	Avian Influenza (human)				Rheumatic Fever, Acute			
FA	хO		Babesiosis				Rocky Mountain Spotted Fever			
	\mathcal{O}) !	Botulism (Infant, Foodborne, Wound)				Rubella (German Measles)			
	\mathcal{O}) !	Brucellosis				Rubella Syndrome, Congenital			
FA	хØ) 🗵	Campylobacteriosis	FAX	\mathcal{O}	×	Salmonellosis (Other than Typhoid Fever)			
			Chancroid		O	- !	Scombroid Fish Poisoning			
FA	хØ) 💌	Chickenpox (only hospitalizations and deaths)		O	1	Severe Acute Respiratory Syndrome (SARS)			
			Chlamydia trachomatis infections, including Lymphogranuloma Venereum (LGV)		O	1	Shiga toxin (detected in feces)			
	Ø	1	Cholera	FAX	Ø	×	3 Shigellosis			
	Ô	1	Ciguatera Fish Poisoning		Ô	1				
	-		Coccidioidomycosis	FAX		×				
EA	x Ø) 🗵	Colorado Tick Fever		0		intensive care unit of a person who has not been hospitalized or had surgery, dialysis,			
			Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform				or residency in a long-term care facility in the past year, and did not have an indwelling			
			Encephalopathies (TSE)				catheter or percutaneous medical device at the time of culture)			
E/	хØ			FAX	Ø	×				
F,	νŪ	10	Cryptosporidiosis	FAA	U	-				
	۲		Cysticercosis or Taeniasis			_	Handlers and Dairy Workers Only)			
) !	Dengue	FAX	w	×	7			
) !	Diphtheria				Tetanus			
) !	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)		~		Toxic Shock Syndrome			
FA) 🖂	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX		×				
) !	Escherichia coli: shiga toxin producing (STEC) including E. coli O157	FAX		×				
† F4	x Ø) 💌	Foodborne Disease			!				
			Giardiasis	FAX	O	×	31			
			Gonococcal Infections				Typhus Fever			
FA	хØ) 💌	Haemophilus influenzae invasive disease (report an incident	FAX	O	×	Vibrio Infections			
			less than 15 years of age)		O	- !	Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)			
	Ø) !	Hantavirus Infections	FAX	O	×	Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)			
	O) !	Hemolytic Uremic Syndrome	FAX	O	×	West Nile Virus (WNV) Infection			
			Hepatitis, Viral		O	- !	Yellow Fever			
FA	хØ) 💌	Hepatitis A	FAX	O	\mathbf{x}	Yersiniosis			
			Hepatitis B (specify acute case or chronic)		O	1	OCCURRENCE of ANY UNUSUAL DISEASE			
			Hepatitis C (specify acute case or chronic)		O	1	OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specify if			
			Hepatitis D (Delta)				institutional and/or open community.			
			Hepatitis, other, acute				······································			
			Influenza deaths (report an incident of less than 18 years of age)	ніх	REF		RTING BY HEALTH CARE PROVIDERS § 2641.5-2643.20			
			Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)				nunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to-person			
			Legionellosis				nin seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A)			
			Leprosy (Hansen Disease)				om the local health department. For completing HIV-specific reporting requirements, see			
			Leptospirosis				R, § 2641.5-2643.20 and http://www.cdph.ca.gov/programs/aids/Pages/OAHIVReporting.aspx			
E4	хØ) 💌	Listeriosis	1140	,	00.				
.,			Lyme Disease	RED	ND.	ΤΔΕ	BLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)			
E/	x Ø	1.1521	Malaria				Characterized by Lapses of Consciousness (§2800-2812)			
	x O						lated illness or injury (known or suspected cases)**			
F <i>F</i>		 Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic Meningococcal Infections 			Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix) § 2593)***					
	v		Mumps	u	mes	5 00	scurring on genitalia, and (2) carcinoma in-situ and City in or the cervix) §2593)			
	C		Paralytic Shellfish Poisoning	LOC		LYF	REPORTABLE DISEASES (If Applicable):			
			Pelvic Inflammatory Disease (PID)							
FA	x Ø) 🖂	Pertussis (Whooping Cough)							
	Ø	1	Plague, Human or Animal							
			-							

* 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 (Heatlh and Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

** Failure to report is a citable offense and subject to civil penalty (\$250) (Health and Safety Code §105200).

*** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.ccrcal.org