CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Only use this form for reporting Tuberculosis.

DISEASE BEING	REPORTED								
Patient Name - Last Name First Nam			ime			МІ	Ethnicity (check one)		
Home Address: Number, Street					Apt./Unit N	lo.	☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Unknown Race (check all that apply)		
City Sta			State	ZIP Code			☐ African-America☐ ☐ American Indiar☐ Asian (check a	n/Alaska Native	
Home Telephone Number Cell Telephone Number			W	ork Telepho	ne Numbe	r	☐ Asian Indian☐ Cambodian☐ Chinese	☐ Hmong ☐ Thai ☐ Japanese ☐ Vietnamese ☐ Korean ☐ Other (spec	
Email Address P.				☐ Englis ☐ Other	sh 🖺 Sp r:	anish	☐ Filipino	Laotian (check all that apply)	y).
Birth Date (mm/dd/yyyy) Age ☐ Years ☐ Montt ☐ Days			Gender ☐ Male ☐ Fem	e □ Fi lale □ Ot	to F Transo to M Transo ther:	•	☐ Native Hawa ☐ Guamanian ☐ White	☐ Other (specify):	
Pregnant?	Est. Delivery Da	ite (mm/dd/yyy	y) Country	of Birth			☐ Other (specify): ☐ Unknown	:	
☐ Yes ☐ No ☐ Unkno	0	i		w					
Occupation or Job Title				rectional Fa		School	Contact apply: ☐ F □ Other (specify):	Food Service Day Care Health C	are
Date of Onset (mm/dd/yyyy)	Date of	First Specime			, –		gnosis (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)	
Reporting Health Care Prov	ider	Reportin	g Health Ca	re Facility				REPORT TO:	
Address: Number, Street					Suite/Unit	No.	-		
City		s	State	ZIP Code			-		
Telephone Number Fax Number									
Submitted by			Date Submi	tted (mm/da	d/yyyy)		(Obtain additiona	al forms from your local health department.)	
Laboratory Name		,		City			Sta	tate ZIP Code	
TUBERCULOSIS (TB)							·	TB TREATMENT INFORMATION	١
Status	Mantoux TB Skin Test			Bacteri	ology/Path	ology		☐ Current Treatment (check all that ap	oply)
☐ Active Disease ☐ Confirmed ☐ Suspected ☐ Infected, No Disease ☐ Converter*	Date Placed (mm/dd/yyyy) Page 1 Results: mm Pending Not read			of initial	<i>I specimen</i> ecimen Co	s obtained	ear or culture if any d was positive (mm/dd/yyyy)	□ INH □ RIF □ PZA □ EMB □ Other:	_
* For TST, an increase of ≥10 mm in induration size during ≤2 years.	ncrease nduration Interferon Gamma Release Assay (I			Smear f	or acid-fast	bacilli:	ending	Cother:	-
Sites(s) ☐ Pulmonary	Specify test name		_	for <i>M. tubei</i> Pos □ N gy suggests	eg 🗆 Pe	mplex: ending	Date Treatment Initiated:(mm/dd/yyy	vy)	
☐ Extra-Pulmonary ☐ Both	☐ Pos Results: ☐ Inde ☐ Neg	Not doneUnknown	II	rug Resista NH resistan RIF resistan	ce	. □ Not done	☐ Drug resistance suspected		
Imaging: Chest X-Ray Chest CT Scan or Other				Nucleic	lo INH or R	IF resistand	ce detected PCR Test for	☐ Untreated ☐ Will treat ☐ Unable to contact patient ☐ Patient refused treatment	
	Date Performed: ☐ Nori	')	Specify test type Results: □ Po			erminate	Other: Referred to:		
Results: ☐ Cavitary ☐ Abnormal/No ☐ Not done			tary	Other to		☐ Not do	one		
Domarke:									

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 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 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)]

- † = 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)

	171	LFORTABLE COMMONICABLE DISEASES \$2500())(1)							
		Acquired Immune Deficiency Syndrome (AIDS)	FAX		\blacksquare				
		(HIV infection only: see "Human Immunodeficiency Virus")	FAX	_					
	FAX 🕜 🗷	Amebiasis	FAX		×	4			
		Anaplasmosis/Ehrlichiosis		O		·			
	Ø!	Anthrax	FAX	O	\times	Relapsing Fever			
	Ø!	Avian Influenza (human)				Rheumatic Fever, Acute			
	FAX 🕜 🗷	Babesiosis				Rocky Mountain Spotted Fever			
	Ø!	Botulism (Infant, Foodborne, Wound)				Rubella (German Measles)			
	Ø!	Brucellosis				Rubella Syndrome, Congenital			
	FAX 🕜 🗷	Campylobacteriosis	FAX	O	\blacksquare	Salmonellosis (Other than Typhoid Fever)			
		Chancroid		O		Scombroid Fish Poisoning			
	FAX 🕜 🗷	Chickenpox (only hospitalizations and deaths)		O	!	Severe Acute Respiratory Syndrome (SARS)			
		Chlamydia trachomatis infections, including Lymphogranuloma Venereum (LGV)		O	- !	Shiga toxin (detected in feces)			
	Ø!	Cholera	FAX	O	*	Shigellosis			
	Ø!	Ciguatera Fish Poisoning		O	!	Smallpox (Variola)			
		Coccidioidomycosis	FAX	O	>	Staphylococcus aureus infection (only a case resulting in death or admission to an			
	FAX 🕜 🗷	Colorado Tick Fever				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)			
	FAX 🕜 🗷	Cryptosporidiosis	FAX	()	×	•			
		Cysticercosis or Taeniasis				Handlers and Dairy Workers Only)			
	Ø!	Dengue	FAX	(×				
	Ø!			_		Tetanus			
	ø!	- ·F····				Toxic Shock Syndrome			
	FAX ⑦ ⊠	5 (FAX	0	\blacksquare				
	Ø !	Escherichia coli: shiga toxin producing (STEC) including E. coli O157	FAX		×				
÷	FAX ⑦ ⊠	Foodborne Disease		-	-	Tularemia			
'		Giardiasis	FAX		· ×				
		Gonococcal Infections	.,,,,	v		Typhus Fever			
	FAX ⑦ ⊠	Haemophilus influenzae invasive disease (report an incident	FAX	0	×	•••			
	TAX () E	less than 15 years of age)	177	_	!				
	Ø !		FAX	_	:				
	Ø !	Hantavirus Infections	FAX	_	<u>×</u>	Trater / lead dated Diodect (e.g., evinimer of test of the trap (table)			
	0:	Hemolytic Uremic Syndrome Hepatitis, Viral	FAX		!				
	FAX ⑦ ⊠	· · ·	FAX		:				
	ran (i) E	Hepatitis A	FAX	_	!				
		Hepatitis B (specify acute case or chronic)		O					
		Hepatitis C (specify acute case or chronic)		O	!	OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specify if			
		Hepatitis D (Delta)				institutional and/or open community.			
		Hepatitis, other, acute				TINO DVIJENI TU ONDE DDOVIDEDO É COMO CO			
		Influenza deaths (report an incident of less than 18 years of age)				TING BY HEALTH CARE PROVIDERS § 2641.5-2643.20			
		Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)				unodeficiency Virus (HIV) infection is reportable by traceable mail or person-to-person			
		Legionellosis				n seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A)			
		Leprosy (Hansen Disease)				m the local health department. For completing HIV-specific reporting requirements, see			
		Leptospirosis	Title	17, (CCF	R, § 2641.5-2643.20 and http://www.cdph.ca.gov/programs/aids/Pages/OAHIVReporting.aspx			
	FAX 🕜 🗷	Listeriosis							
		Lyme Disease				BLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)			
	FAX 🕜 ⊠	Malaria		Disorders Characterized by Lapses of Consciousness (§2800-2812)					
	FAX ⑦ ⊠			Pesticide-related illness or injury (known or suspected cases)**					
	FAX ⑦ ⊠	- 0 1 1 0 0 1		Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer					
	Ø !	∅ ! Meningococcal Infections		unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix) § 2593)***					
	@ I	Mumps ② ! Paralytic Shellfish Poisoning		LOCALLY DEPORTABLE DIOCAGES (ICA callianti)					
	v !	·	LOC	ALL	. r K	REPORTABLE DISEASES (If Applicable):			
	FAX ⑦ ⊠	Pelvic Inflammatory Disease (PID)							
	r	Pertussis (Whooping Cough)							
	v!	Plague, Human or Animal							
			1			I			

^{*} 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 (Heatth 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).

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^{**} 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