CONFIDENTIAL MORBIDITY REPORT

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

DISEASE BEING REPORTED -											
Patient Name - Last Name Fi		First Na	First Name			МІ	Ethnicity (check one)				
							☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Unknown				
Home Address: Number, Street					Apt./Unit No.		Race (check all that apply)				
0::			04:4:	7/0.0.4			African-American/Black American Indian/Alaska Nat	tivo			
City			State	ZIP Code			Asian (check all that apply)				
Home Telephone Number	Cell Telephone	Number	V	Vork Teleph	one Number			Hmong Tha			
Tionie Telephone Number									tnamese		
Email Address	·		Primary	☐ Eng	lish 🗌 Spar	nish		Laotian Oth	er (specify):		
L				Language Other:			Pacific Islander (check all the	hat apply)			
Birth Date (mm/dd/yyyy)	Age	Years	Gender Ma		M to F Transge			Samoan			
		Months Davs	F to M Transgender ☐ Female ☐ Other:			nder	Guamanian (Other (specify):	_		
Pregnant? Est. Delivery Date (mm/dd/yy							Other (specify):				
Yes No Unknown							Unknown				
Occupation or Job Title				Occupational or Exposure Setting (chec			k all that apply): Food Service	Day Care 🗌 H	Health Care		
			☐ C	orrectional F	acility 🗌 S	School	Other (specify):				
Date of Onset (mm/dd/yyyy)	Date of Fir	st Specime	en Collectio	on (mm/dd/y	yyy) Date	e of Diag	gnosis (mm/dd/yyyy) Date	of Death (mm/dd/yyyy))		
Reporting Health Care Provider		Reportir	ng Health C	lealth Care Facility			REPO	ORT TO:			
Address: Number, Street					Suite/Unit No						
Address. Number, Girect					Gane, omit iv	.					
City			State	ZIP Code			†				
Telephone Number Fax Num			iber				1				
Submitted by			Date Subn	nitted (mm/d	dd/yyyy)						
Laboratorii Nama				City			(Obtain additional forms from		rtment.)		
Laboratory Name			City				State ZIF	P Code			
SEXUALLY TRANSMITTED	DISEASES (STD:	s)									
Gender of Sex Partners	STD 1	REATMEN	T □ Tr	eated in office	ce Give	en prescri	iption Treatment Began	Untreated			
(check all that apply)	Drug(s), Dosage	, Route				(mm/dd/yyyy)				
☐ Male ☐ M to F Trai ☐ Female ☐ F to M Trai	·							Unable to conta	•		
Unknown Other:								Patient refused	treatment		
				1							
If reporting Syphilis, Stage: Primary (lesion present)	Syphilis Test Re	esults Pos			eporting Chlan ecimen Source		nd/or Gonorrhea: If report Symptoms?	ting Pelvic Inflammato check all that apply)			
Secondary	Neg _	I ' _	eck all that app	oly)	☐ Yes ☐ G	Gonococcal PID	•				
Early latent < 1 year	☐ VDRL	Pos	Neg _	— I ¦	Cervical Pharyngeal			Chlamydial PID			
Latent (unknown duration)							Unknown	Other/Unknown Etiology			
☐ Late latent > 1 year ☐ TP-PA ☐ Pos			Urethral				Partner(s) Treated?	No, instructed refer partners			
Late (tertiary) Congenital	EIA/CLIA	Pos	l_Neg	Ι'n	Urine		Yes, treated in this clinic	treatment	61(3) 101		
	CSF-VDRI	Pos	☐ Neg _	— I i	Vaginal		Yes, Meds/Prescription given to patient for their partner(s	No, referred p	artner(s) to:		
Neurosyphilis? ☐ Yes ☐ No ☐ Unknow	Other:				Other:		Yes, other:	Unknown			
VIRAL HEPATITIS								Cinalewii			
Diagnosis (check all that apply)	Is patient s	symptomati	ic? Yes	s ∏ No	Unknown		Pos Neg		Pos Neg		
Hepatitis A	Suspected Expo	sure Type(s)			Hep	A anti-HAV IgM	Hep C anti-HCV	ГГ		
Hepatitis B (acute)	Blood transfu medical proce	sion, dental	or ALT	(SGPT)		1.00	za ana rzyty igini 📙 📙 📜	RIBA			
Hepatitis B (chronic)	☐ IV drug use	Jaaro	R	esult:	Upper Limit:	Hep		HCV RNA			
Hepatitis B (perinatal)		exposure				-	anti-HBc total	(e.g., PCR)			
Hepatitis C (acute)		ct	AST (SGOT)		Unner		anti-HBc IgM				
Hepatitis C (chronic)		ontact	Upper Result: Limit:		• • •	_		Hep D anti-HDV			
Hepatitis D Perinatal			1.00011.				HBeAg	Hep E anti-HEV			
Hepatitis E	Child care Other:		Bilir	ubin result:		-	HBV DNA:				
	Oulei		_				· · ·				
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 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)]

- ② ! = 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 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 🕜 🗷 Amebiasis

Anaplasmosis/Ehrlichiosis

O ! Anthrax, human or animal

FAX 🕜 🗷 Babesiosis

> Botulism (Infant, Foodborne, Wound, Other) (r) !

Brucellosis, animal (except infections due to Brucella cani s)

(r) ! Brucellosis, human

FAX 🕜 🗷 Campylobacteriosis

Chancroid

FAX ©
Chickenpox (Varicella) (only hospitalizations and deaths)

Chlamydia trachomatis infections, including lymphogranuloma

venereum (LGV)

(r) ! Cholera

Ciguatera Fish Poisoning

Coccidioidomycosis

Creutzfeldt-Jakob Disease (CJD) and other Transmissible

Spongiform Encephalopathies (TSE)

FAX 🕜 🗷 Cryptosporidiosis

Cyclosporiasis

Cysticercosis or taeniasis

(r) 1 Dengue

O ! Diphtheria

(r) ! Domoic Acid Poisoning (Amnesic Shellfish Poisoning)

FAX 🕜 🗷 Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic

Ø ! Escherichia coli: shiga toxin producing (STEC) including E. coli O157

† FAX 🕜 🗷 Foodborne Disease

Gonococcal Infections

FAX 🕜 🗷 Haemophilus influenzae, invasive disease (report an incident of less than 15 years of age)

Hantavirus Infections

∅ ! Hemolytic Uremic Syndrome

FAX (2) Mepatitis A, acute infection

Hepatitis B (specify acute case or chronic)

Hepatitis C (specify acute case or chronic) Hepatitis D (Delta) (specify acute case or chronic)

Hepatitis E, acute infection

Influenza, deaths in laboratory-confirmed cases for age 0-64 years

Legionellosis Leprosy (Hansen Disease)

Leptospirosis

FAX 🕜 🗷 Listeriosis

Lyme Disease FAX 🕜 ⊠ Malaria

O ! Measles (Rubeola)

FAX 🕜 ⊠ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic

(r) ! Meningococcal Infections

Mumps

O! Paralytic Shellfish Poisoning

Pelvic Inflammatory Disease (PID)

FAX 🕜 ⊠ Pertussis (Whooping Cough)

Plague, human or animal

FAX 🕜 🗷 Poliovirus Infection

FAX 🕜 🗷 Psittacosis

- FAX 🕜 🗷 Q Fever
 - © ! Rabies, human or animal
- FAX 🕜 🖂 Relapsing Fever

Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including

Typhus and Typhus-like Illnesses Rocky Mountain Spotted Fever

Rubella (German Measles)

Rubella Syndrome, Congenital

FAX (r) 🗷 Salmonellosis (Other than Typhoid Fever)

(P) 1 Scombroid Fish Poisoning

(r) 1 Severe Acute Respiratory Syndrome (SARS)

(7) 1 Shiga toxin (detected in feces)

FAX (7) 🗷 Shigellosis

Smallpox (Variola)

FAX @ Staphylococcus aureus infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)

FAX (r) 🗷 Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)

FAX 🕜 🗷 Syphilis

Tetanus

Toxic Shock Syndrome

FAX (7) 🖂 Trichinosis

FAX (7) 🗷

Tuberculosis Tularemia animal

@ I Tularemia, human

FAX 🕜 🗷 Typhoid Fever, Cases and Carriers

FAX (C) 🗷 Vibrio Infections

1 Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)

FAX ♥ ■ West Nile virus (WNV) Infection

Yellow Fever

FAX 🕜 🗷 Yersiniosis

② ! OCCURRENCE of ANY UNUSUAL DISEASE

OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specifiy if institutional and/or open community.

HIV REPORTING BY HEALTH CARE PROVIDERS § 2641.5-2643.20

Human Immunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to -person transfer within seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, § 2641.5-2643.20 and http://www.cdph.ca.gov/programs/aids/Pages/OAHIVReporting.aspx

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800-2812 and §2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812) Pesticide-related illness or injury (known or suspected cases)**

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)***

LOCALLY 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 & 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