

CONFIDENTIAL MORBIDITY REPORT

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

DISEASE BEING REPORTED: _____ If applicable, specimen date Source: _____
MONTH DAY YEAR

Patient's Last Name <input style="width:100%;" type="text"/>		Social Security Number <input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/>		Ethnicity (✓ one) <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non-Hispanic / Non-Latino	
First Name and Middle Name <input style="width:100%;" type="text"/>		Birth Date <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/>		Age <input style="width:20%;" type="text"/>	
Address: Number, Street <input style="width:100%;" type="text"/>		Apt./Unit Number <input style="width:20%;" type="text"/>		Race (✓ one) <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian / Pacific Islander (✓ one) <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other: _____	
City/Town <input style="width:100%;" type="text"/>		State <input style="width:20%;" type="text"/>		Zip Code <input style="width:20%;" type="text"/>	
Area Code <input style="width:20%;" type="text"/>	Home Telephone <input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK	Estimated Delivery Date <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/>	
Area Code <input style="width:20%;" type="text"/>	Work Telephone <input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/>	Patient's Occupation/Setting <input type="checkbox"/> Food service <input type="checkbox"/> Day care <input type="checkbox"/> Correctional facility <input type="checkbox"/> Health care <input type="checkbox"/> School <input type="checkbox"/> Other: _____		<input type="checkbox"/> Native American / Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Other: _____	

DATE OF ONSET <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/>		Reporting Health Care Provider <input style="width:100%;" type="text"/>		REPORT TO: Orange County Public Health Fax: (714) 834-8196 Mail: P.O. Box 6128 Santa Ana, CA 92706-0128 Phone: (714) 834-8180	
DATE DIAGNOSED <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/>		Reporting Health Care Facility <input style="width:100%;" type="text"/>			
DATE OF DEATH <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/>		Address <input style="width:100%;" type="text"/>			
		City <input style="width:40%;" type="text"/> State <input style="width:10%;" type="text"/> Zip Code <input style="width:20%;" type="text"/>			
		Telephone Number <input style="width:20%;" type="text"/> Fax <input style="width:20%;" type="text"/>			
		Submitted By <input style="width:40%;" type="text"/>		Date Submitted <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/>	

SEXUALLY TRANSMITTED DISEASES (STD)

Syphilis
 Primary (lesion present) Late latent > 1 year
 Secondary Late (tertiary)
 Early latent < 1 year Congenital
 Latent (unknown duration)
 Neurosyphilis

Syphilis Test Results
 RPR Titer: _____
 VDRL Titer: _____
 FTA/MHA: Pos Neg
 CSF-VDRL: Pos Neg
 Other: _____

Gonorrhea
 Urethral/Cervical PID Other: _____
 Urethral/Cervical PID Other: _____

Chlamydia
 Urethral/Cervical PID Other: _____
 Urethral/Cervical PID Other: _____

PID (Unknown Etiology)
 Chancroid
 Non-Gonococcal Urethritis

STD TREATMENT INFORMATION
 Treated (Drugs, Dosage, Route) Untreated
 Date Treatment Initiated
 Will treat Unable to contact patient
 Refused treatment Referred to: _____

VIRAL HEPATITIS
 Hep A
 Hep B
 Acute
 Chronic
 Hep C
 Acute
 Chronic
 Hep D (Delta)
 Other: _____

Please send copies of the hepatitis serologies (required for diagnosis) and liver enzymes (if done).

Suspected Exposure Type
 Blood transfusion Other needle exposure
 Sexual contact Household contact
 Child care Other: _____

TUBERCULOSIS (TB)

Status
 Active Disease
 Confirmed Suspected
 Infected, No Disease
 Converter Reactor

Mantoux TB Skin Test
 Date Performed
 Results _____ mm Pending Not done

Bacteriology
 Date Specimen Collected
 Source: _____
 Smear: Pos Neg Pending Not done
 Culture: Pos Neg Pending Not done
 Other test(s): _____

Chest X-ray
 Date Performed
 Normal Pending Not done
 Cavitory Abnormal/Noncavitory

TB TREATMENT INFORMATION
 Current Treatment
 INH RIF PZA
 EMB Other: _____

Date Treatment Initiated

Untreated
 Will treat
 Unable to contact patient
 Refused treatment
 Referred to: _____

REMARKS

Please report the following diseases/conditions, including suspected cases, to
Epidemiology & Assessment using the *specified method and time frame*.

Epidemiology & Assessment
P.O. Box 6128, Santa Ana, CA 92706-0128
Telephone: (714) 834-8180, Fax: (714) 834-8196

If a report is urgent and it is a holiday, weekend, or after regular work hours,
please contact the public health official on call at (714) 628-7008.

Report cases and suspected cases to Epidemiology:

☎ **IMMEDIATELY** by telephone.

① Within **ONE (1) WORKING DAY** of identification by telephone, fax, or mail.

⑦ Within **SEVEN (7) CALENDAR DAYS** of identification by telephone, fax, or mail.

★ **IMMEDIATELY** when **two (2) or more cases or suspected cases of foodborne illness** from **separate households** are suspected to have the **same source of illness**.

NOTE: Cases of reportable diseases that are suspected on clinical grounds should be reported prior to laboratory confirmation. Examples: tuberculosis, pertussis, measles.

⑦ **AIDS [Please call, DO NOT FAX REPORT]**

① Amebiasis

⑦ Anaplasmosis/Ehrlichiosis

☎ Anthrax

☎ Avian Influenza (human)

① Babesiosis

☎ Botulism (infant, foodborne, wound)

☎ Brucellosis

① Campylobacteriosis

⑦ Chancroid

① Chickenpox (only hospitalizations and deaths)

⑦ *Chlamydia trachomatis* infections, including

Lymphogranuloma Venereum (LGV)

☎ Cholera

☎ Ciguatera Fish Poisoning

⑦ Coccidioidomycosis

① Colorado Tick Fever

⑦ Creutzfeldt-Jakob Disease (CJD) and other Transmissible

Spongiform Encephalopathies (TSE)

① Cryptosporidiosis

⑦ Cysticercosis or Taeniasis

☎ Dengue

☎ Diphtheria

☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)

① Encephalitis—specify etiology (Viral, Bacterial, Fungal, Parasitic)

☎ *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157

★ Foodborne disease

⑦ Giardiasis

⑦ Gonococcal infections

① *Haemophilus influenzae*, invasive disease (persons under 15 years of age)

☎ Hantavirus infections

☎ Hemolytic Uremic Syndrome

① Hepatitis A

⑦ Hepatitis B (specify acute case or chronic)

⑦ Hepatitis C (specify acute case or chronic)

⑦ Hepatitis D (Delta)

⑦ Hepatitis, other, acute

⑦ HIV [Please call, DO NOT FAX REPORT]

⑦ Influenza deaths (persons under 18 years of age)

⑦ Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)

⑦ Legionellosis

⑦ Leprosy (Hansen's Disease)

⑦ Leptospirosis

① Listeriosis

⑦ Lyme Disease

① Malaria

① Measles (Rubeola)

① Meningitis—specify etiology (Viral, Bacterial, Fungal, Parasitic)

☎ Meningococcal infections

⑦ Mumps

☎ Outbreaks

☎ Paralytic Shellfish Poisoning

⑦ Pelvic Inflammatory Disease (PID)

① Pertussis (Whooping Cough)

☎ Plague, human or animal

① Pneumococcal disease, invasive[†]

① Poliovirus Infection

① Psittacosis

① Q Fever

☎ Rabies, human or animal

① Relapsing Fever

⑦ Rheumatic Fever, acute

⑦ Rocky Mountain Spotted Fever

⑦ Rubella (German Measles)

⑦ Rubella syndrome, congenital

① Salmonellosis (other than Typhoid Fever)

☎ Scombroid Fish Poisoning

☎ Severe Acute Respiratory Syndrome (SARS)

☎ Shiga toxin (detected in feces)

① Shigellosis

☎ Smallpox (Variola)

① *Staphylococcus aureus* infection, severe (resulting in death or admission to an intensive care unit of a person without hospitalization, surgery, dialysis, or residency in a long-term care facility in the past year, and without an indwelling catheter or percutaneous medical device at the time of culture)

① Streptococcal infections (invasive disease caused by group A streptococcus[†]; outbreaks of any type; individual cases in food handlers and dairy workers only)

① Syphilis

⑦ Tetanus

⑦ Toxic Shock Syndrome

① Trichinosis

① Tuberculosis (including suspected cases)

☎ Tularemia

① Typhoid Fever, cases and carriers

⑦ Typhus Fever

☎ Unusual diseases

① *Vibrio* infections

☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)

① Water-associated disease (e.g., Swimmer's Itch)

① West Nile Virus infection

☎ Yellow Fever

① Yersiniosis

[†]At the request of the local health officer

Reportable Noncommunicable Diseases/Conditions: Disorders characterized by lapses of consciousness, Alzheimer's Disease and related conditions; cancer [except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix]; animal bites and scratches; child lead levels $\geq 10 \mu\text{g/dL}$; suspected/confirmed pesticide-related illnesses; child and elder abuse and domestic violence. To report noncommunicable diseases/conditions, please see the "Reportable Diseases/Reporting Other Than Communicable Disease" page on the website below: