CONFIDENTIAL MORBIDITY REPORT

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

DISEASE BEING RE	PORTED -					-				-			
DISEASE DEING RE	- OKIED												
Patient Name - Last Name First Na			t Name MI				Ethnicity (check one)						
								☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Unknown Race (check all that apply)					
Home Address: Number, Street					Apt./U	nit No.							
City		1	State	ZIP Co	nde			African-Am	erican/Biack ndian/Alaska	Native			
City			Otate	ite Zir Code				ck all that ap					
Home Telephone Number Cell Telephone Number				Work Telephone Number			Asian In		Hmong	Thai			
								Cambod		Japanese Korean	Other (sp		
Email Address	Primary				Filipino		Laotian	Outer (sp	Jeony).				
				anguage Other:						all that apply)			
Birth Date (mm/dd/yyyy)	Age	Years	Gend		M to F Tr			☐ Native F		Samoan			
		Months Days		emale [F to M Tr	ansgeno	der	Guamar White	lian	Other (specify):			
Pregnant?	Est. Delivery Date			Outlot:				Other (spec	cify):				
☐ Yes ☐ No ☐ Unknown		,						Unknown					
Occupation or Job Title			Осси	Occupational or Exposure Setting (check				│ k all that apply): │	Food Ser	vice Day Care	e	n Care	
			_	Correction		☐ Sch		Other (specific					
Date of Onset (mm/dd/yyyy)	Date of Fi	rst Specime						nosis (mm/dd/yyy		ate of Death (mm/	dd/vvvv)		
				,	. ,,,,,			, (3333	,	,			
Reporting Health Care Provider		Reportii	ng Health	Care Faci	lity				RI	EPORT TO:			
Address: Number, Street					Suite/Unit No.			1					
City			State	ate ZIP Code				1					
Telephone Number Fax Number			nber	er									
Submitted by Da				ate Submitted (mm/dd/yyyy)									
				1.				(Obtain addit		rom your local heal	th departmen	nt.)	
Laboratory Name				City				State ZIP Code					
SEXUALLY TRANSMITTED	DISFASES (STE)e)											
Gender of Sex Partners		TREATMEN	IT 🖂	reated in	office C	Given	nrescri	ntion -		Untreated			
(check all that apply)		(s), Dosage		reated iii	office [Olven	piescii	· iieat	ment Began m/dd/vyyy)	☐ Will trea	t		
☐ Male ☐ M to F Trai	nsgender 3149	,(o), Doougo	,, 110010					(mm/dd/yyyy) Will treat Unable to contact patient					
Female F to M Transgender							Patient refused treatment						
Unknown Other:										Referred	d to:		
If reporting Syphilis, Stage:	0 1177 7 118				lf reporting	Chlamy	vdia an	d/or Gonorrhea:	If re	porting Pelvic Infl	ammatory Di	isease:	
Primary (lesion present)	Syphilis Test R	esuits Pos	Neg	Titel	Specimen S	Source(s	s)	Symptoms?	<u></u>	(check all th			
Secondary				(Crieck all triat apply)			<i>'</i>)	☐ Yes ☐ Gonococcal PID					
Early latent < 1 year		Pos	_		Cervic			☐ No		Chlamydial PID			
Edicin (diminown daration)			_	Neg Pharyngeal				Unknown Cother/Unknown Etiology PID					
			Neg	Neg Rectal Urethral				Partner(s) Treated? No, instructed patient to					
			☐ Neg	Neg Urine				Yes, treated in this clinic refer partner(s) for treatment					
Congenital	CSF-VDR	L Pos	☐ Neg		☐ Vagina	al		Yes, Meds/Pr	escription give	ven No, re	ferred partne	r(s) to:	
Neurosyphilis? ☐ Yes ☐ No ☐ Unknow	Other: _			.	Other:			_	for their parti	· · · — —			
VIRAL HEPATITIS	11			L				Yes, other: _		Unkno	wn		
Diagnosis (check all that apply)	la matiant		:				Τ		Pos Neg		Pos	Neg	
Hepatitis A	Suspected Exp	symptomat Sure Tyne/		es No	o 🗌 Unkr	iown							
Hepatitis B (acute)	Blood transfi			T (SGPT)			Hep	A anti-HAV IgM		Hep C anti-H	CV _		
Hepatitis B (chronic)		edure		, ,	Upper		Hep I	B HBsAg	ГГ	RIBA			
Hepatitis B (perinatal)				Result: Lin			"	anti-HBc total		HCV I		_	
Hepatitis C (acute) Sexual contact		AS	AST (SGOT)				anti-HBc IgM		(e.g.,	PCR)			
Hepatitis C (chronic) Household contact			Upper				anti-HBs		Hep D anti-H	DV 🗀			
Hepatitis D Perinatal			Result: Limit:				HBeAg		Hep E anti-H	EV \square			
Hepatitis E Child care		Bi	Bilirubin result:				anti-HBe						
	Other:						<u> </u>	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 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 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.)
- © = Report by telephone within one working day of identification (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)

_	Accelerate	_	1 Salas Assaulta
FAX 🕜 🗷	Amebiasis	FAX 🅜 🗷	Listeriosis
	Anaplasmosis		Lyme Disease
Ø!	Anthrax, human or animal Babesiosis	FAX 🅜 🗷	Malaria Measles (Rubeola)
FAX 🕜 🗷		ø!	· · · · · · · · · · · · · · · · · · ·
∅!	Botulism (Infant, Foodborne, Wound, Other)	FAX 🕜 🗷	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- 1	Brucellosis, animal (except infections due to <i>Brucella canis</i>)	Ø!	Meningococcal Infections
ø !	Brucellosis, human		Mumps Novel Virus Infection with Pandemic Potential
FAX 🕜 🗷	Campylobacteriosis	Ø !	
	Chancroid	Ø!	Paralytic Shellfish Poisoning
FAX 🅜 🗷	Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)	FAX 🕜 🖂	Pertussis (Whooping Cough)
FAX 🕜 🗷	Chikungunya Virus Infection	Ø!	Plague, human or animal
	Chlamydia trachomatis infections, including lymphogranuloma	FAX 🅜 🗷	Poliovirus Infection
	venereum (LGV)	FAX 🕜 🗷	Psittacosis
⊘!	Cholera	FAX 🅜 🗷	Q Fever
Ø!	Ciguatera Fish Poisoning	©!	Rabies, human or animal
	Coccidioidomycosis	FAX 🕜 🗷	Relapsing Fever
	Creutzfeldt-Jakob Disease (CJD) and other Transmissible		Respiratory Syncytial Virus (only report a death in a patient less than
	Spongiform Encephalopathies (TSE)		less than five years of age)
FAX 🅜 🗷	Cryptosporidiosis		Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including
_	Cyclosporiasis		Typhus and Typhus-like Illnesses
	Cysticercosis or taeniasis		Rocky Mountain Spotted Fever
Ø!	Dengue Virus Infection		Rubella (German Measles)
Ø!	Diphtheria		Rubella Syndrome, Congenital
Ø!	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	FAX 🕜 🗷	Salmonellosis (Other than Typhoid Fever)
	Ehrlichiosis	Ø!	Scombroid Fish Poisoning
FAX 🕜 🗷	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	ø!	Shiga toxin (detected in feces)
ø!	Escherichia coli: shiga toxin producing (STEC) including E. coli O157	FAX 🕜 🗷	Shigellosis
ø!	Flavivirus infection of undetermined species	ø!	Smallpox (Variola)
† FAX Ø ⊠	Foodborne Disease	FAX 🕜 🗷	Streptococcal Infections (Outbreaks of Any Type and Individual Cases
1	Giardiasis	- 0	in Food Handlers and Dairy Workers Only)
	Gonococcal Infections	FAX 🕜 🗷	Syphilis
FAX 🕜 🗷	Haemophilus influenzae, invasive disease, all serotypes (report an	1700 2	Tetanus
1200	incident of less than five years of age)	FAX 🕜 🗷	Trichinosis
FAX 🕜 🗷	Hantavirus Infections	FAX (?) ⊠	Tuberculosis
e !	Hemolytic Uremic Syndrome	FAX (E) Z	Tularemia, animal
FAX ⑦ ⊠	Hepatitis A, acute infection	Ø!	Tularemia, human
1 M & 2	Hepatitis B (specify acute case or chronic)	FAX ⑦ ⊠	Typhoid Fever, Cases and Carriers
	Hepatitis C (specify acute case or chronic)	FAX ⑦ ⊠	Vibrio Infections
	Hepatitis D (Delta) (specify acute case or chronic)	ø!	Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo,
	Hepatitis E, acute infection		Ebola, Lassa, and Marburg viruses)
	Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS)	FAX 🕜 🗷	West Nile Virus (WNV) Infection
Ø	Human Immunodeficiency Virus (HIV), acute infection	Ø!	Yellow Fever
_	Influenza, deaths in laboratory-confirmed cases for age 0-64 years	FAX 🕜 🗷	Yersiniosis
Ø!	Influenza, novel strains (human)	Ø !	Zika Virus Infection
	Legionellosis Leprosy (Hansen Disease)	Ø !	OCCURRENCE of ANY UNUSUAL DISEASE OUTTPEAKS of ANY DISEASE (Including diseases not listed in \$ 2500)
	Leptospirosis	Ø!	OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specify if institutional and/or open community.
	20p.00p00.0		Speeding in institution and on open community.

HIV REPORTING BY HEALTH CARE PROVIDERS §2641.30-2643.20

Human Immunodeficiency Virus (HIV) infection at all stages is reportable by traceable mail, person-to-person transfer, or electronically within seven calendar days. For complete HIV-specific reporting requirements, see Title 17, CCR, §2641.30-2643.20 and http://www.cdph.ca.gov/programs/aids/Pages/tOAHIVRptgSP.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):

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^{*} 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.