CONFIDENTIAL MORBIDITY REPORT

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

DISEASE BEING RE	PORTED =	→			•				-		
Patient Name - Last Name		Firet M	First Name MI				Ethnicity (check	one)			
Patient Name - Last Name		FIISLIN	anne		lwii		Hispanic/Latino Non-Hispanic/Non-Latino Unknown				
Home Address: Number, Street					Apt./Unit No.		Race (check all to		on-mspanic/Non-Lau	.0 [011	KIIOWII
nome Address. Number, Street					Apt./Offit No.		_ `				
0.4		Г	04.4.	7/0.0.4			African-Ame	erican/Biack idian/Alaska	Nativo		
City			State	ZIP Code				ck all that ap			
							Asian Inc			Thai	
Home Telephone Number	Cell Telephone	e Number	V	Work Telephone Number			Cambodi		Japanese	Vietname	ese
							Chinese		Korean	Other (sp	ecify):
Email Address			Primary	☐ Eng	lish 🗌 Spanis	sh	Filipino		Laotian		• •
			Language	Language Other:			Pacific Islan	der (check	all that apply)		
Birth Date (mm/dd/yyyy)	Age	Years	Gende		M to F Transgend		☐ Native H		Samoan		
		☐ Months	☐ Ma		to M Transgend	der	_ Guamani	ian	Other (specify):		
_		Days	Female Other:				White				
Pregnant?	Est. Delivery Date	(mm/dd/yy	yy) Counti	Country of Birth			Other (spec	ity):			
☐ Yes ☐ No ☐ Unknown							Unknown				
Occupation or Job Title			Оссир	Occupational or Exposure Setting (chec			k all that apply):	Food Serv	vice Day Care	Health	Care
			Гс	orrectional F	acility Sci	hool	Other (specify	<i>y</i>):			
Date of Onset (mm/dd/yyyy)	Date of Fi	rst Specim	en Collectio	n (mm/dd/y			nosis (mm/dd/yyyy		ate of Death (mm/dd/	'vvvv)	
				··· (······ aa.)			,	, -	(1111/	
Reporting Health Care Provider		Reporti	na Health (are Facility	,			PI	EPORT TO:		
Reporting Health Care Frovider		Keportii	ng meann c	are raciity				N	FORT TO.		
Address North at Office					Conida (Unaid No.						
Address: Number, Street					Suite/Unit No.	•					
City			State	ZIP Code							
Telephone Number		Fax Nur	nber								
Submitted by			Date Subr	nitted (mm/d	dd/yyyy)						
							(Obtain additi	onal forms fi	rom your local health	department	t.)
Laboratory Name				City			State ZIP Code				
SEXUALLY TRANSMITTED	DISEASES (STD	s)						<u> </u>			
Gender of Sex Partners	STD	TREATMEN	I T □ Tr	eated in office	ce Given	prescri	ption Tracts	mant Banan	Untreated		
(check all that apply)	Drug	(s), Dosage	-			μ	· iicati	ment Began n/dd/yyyy)	Will treat		
☐ Male ☐ M to F Trai	nsgender = = = = = = = = = = = = = = = = = = =	(c), = ccagc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Unable to	contact pati	ient
Female F to M Trai	nsgender								Patient refu	-	
Unknown Other:									Referred to):	
If reporting Symbilis Stores				1							
If reporting Syphilis, Stage: Primary (lesion present)	Syphilis Test R	esults	7		eporting Chiamy ecimen Source(<u>d/or Gonorrhea:</u> Symptoms?	<u>It re</u> j	oorting Pelvic Inflam check all that)		sease:
Secondary	☐ RPR	Pos	☐ Neg _		eck all that apply	,	□ Yes	Г	Gonococcal PID	Apply)	
Early latent < 1 year		Pos	☐ Neg _	` [Cervical		∏ No	Ė	Chlamydial PID		
Latent (unknown duration)	☐ FTA-ABS	Pos	Neg		Pharyngeal		Unknown	Ī	Other/Unknown Etic	ology PID	
Edicin (diminosin daration)			Neg	Dootel			Partner(s) Treated	d2	No. instru	ucted patier	nt to
Late (tertiary)	☐ EIA/CLIA	Pos	Neg		Urethral		Yes, treated in		refer	partner(s) f	or
Congenital	CSF-VDR		□ Neg _		Urine		Yes, Meds/Pre		treatr		·(a) ta:
Neurosyphilis?	Other:	L [1 03	_ iveg _	— I [Vaginal		to patient f	or their partr	/en ☐ No, refer ner(s)	eu partifier	(S) IO.
Yes No Unknow	n Duller				Other:		Yes, other:		Unknowr		
VIRAL HEPATITIS				•		· ·	_				
Diagnosis (check all that apply)	Is nationt	symptomat	ic2 🗆 🗸	s Γ No	Unknown			Pos Neg		Pos	Neg
Hepatitis A				S INU	Ulkilowii						
				Γ (SGPT)		Hep	A anti-HAV IgM		Hep C anti-HC\	′	
Honotitis P. (obrania) medical procedure		/ (=)	Оррог		Hep	B HBsAg	ПП	RIBA			
☐ Hepatitis B (critolic) ☐ IV drug use ☐ Hepatitis B (perinatal) ☐ Other needle exposure		F	Result: Limit:			anti-HBc total	$\overline{\Box}$	HCV RN		_	
Hepatitis C (acute) Other needle exposure Sexual contact			AS.	AST (SGOT)			anti-HBc IgM		(e.g., PC	R) [
Hepatitis C (chronic) Household contact			Upper			anti-HBs		Hep D anti-HD\	'		
Hepatitis D Perinatal			lesult:	Limit:		HBeAg		Hep E anti-HEV			
Hepatitis E Child care		Rilii	Bilirubin result:			anti-HBe					
	Other:			Loni roduit.			HBV DNA:				
Pomarke:											
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)]

- © ! = 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

② ! Anthrax, human or animal

FAX (2)
Babesiosis

② ! Botulism (Infant, Foodborne, Wound, Other)

Brucellosis, animal (except infections due to Brucella canis)

C! Brucellosis, human

FAX 🕜 🗷 Campylobacteriosis

Chancroid

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

Chlamydia trachomatis infections, including lymphogranuloma

venereum (LGV)

C! Cholera

O! Ciguatera Fish Poisoning

Coccidioidomycosis

Creutzfeldt-Jakob Disease (CJD) and other \top ransmissible

Spongiform Encephalopathies (TSE)

FAX 🕑 🗷 Cryptosporidiosis

Cyclosporiasis

Cysticercosis or taeniasis

② ! Dengue

© ! Diphtheria

© ! Domoic Acid Poisoning (Amnesic Shellfish Poisoning)

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

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

† FAX 🕜 🖾 Foodborne Disease

Giardiasis

Gonococcal Infections

FAX ① 🖾 Haemophilus influenzae, invasive disease (report an incident of less than 15 years of age)

C ! Hantavirus Infections

FAX (C)
Hepatitis 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

 ${\cal O}$! Influenza, novel strains (human)

Legionellosis

Leprosy (Hansen Disease)

Leptospirosis

FAX 🕜 🗷 Listeriosis

Lyme Disease

FAX 🕜 🖭 Malaria

C! Measles (Rubeola)

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

© ! Meningococcal Infections

Mumps

© ! Paralytic Shellfish Poisoning

Pelvic Inflammatory Disease (PID)

FAX 🕜 🗷 Pertussis (Whooping Cough)

② ! Plague, human or animal

FAX (2) 🗷 Poliovirus Infection

FAX 🕜 🖾 Psittacosis

- FAX 🖒 🗷 Q Fever
 - Rabies, human or animal
- FAX (Ĉ) ⊠ 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 ② Salmonellosis (Other than Typhoid Fever)

© ! Scombroid Fish Poisoning

© ! Severe Acute Respiratory Syndrome (SARS)

© ! Shiga toxin (detected in feces)

FAX (*) 🗷 Shigellosis

© ! Smallpox (Variola)

FAX (C) 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 ① Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)

FAX 🕜 🗷 Syphilis

Tetanus

Toxic Shock Syndrome

FAX 🕜 🗷 Trichinosis

FAX 🕜 🖾 Tuberculosis

Tularemia, animal ©! Tularemia, human

FAX 🕜 🖻 Typhoid Fever, Cases and Carriers

FAX (Ĉ) ⊠ Vibrio Infections

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

FAX (Ĉ) 🗷 West Nile virus (WNV) Infection

Yellow Fever

FAX 🕜 🖻 Yersiniosis

② ! OCCURRENCE of ANY UNUSUAL DISEASE

① ! OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specify 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 beginning beginning by by the properties of the proper

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.