

MORBIDITY UNIT
CONFIDENTIAL MORBIDITY REPORT



NOTE: This form is not intended for reporting STDs, HIV, AIDS or TB. See comments below

DISEASE BEING REPORTED: S2: C-6 Click here to return to Standards Page		DISTRICT CODE (internal use only):	
Patient's Last Name:		Social Security Number:	
First Name and Middle Name (or initial):		Birthdate (MM/DD/YYYY):	Age:
Address (Street and number):			
City/Town		State	Zip code
Home Telephone Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Work Telephone Number:		Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Estimated Delivery Date: _____	
Patient's Occupation or Setting: <input type="checkbox"/> Day Care <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Food Service (Explain): _____ <input type="checkbox"/> Health Care <input type="checkbox"/> School <input type="checkbox"/> Other (Explain): _____			
Date of Onset (MM/DD/YYYY):	Health Care Provider:		
Date of Diagnosis (MM/DD/YYYY):	Health Care Facility:		
Date of Hospitalization (MM/DD/YYYY):	Address:		
Date of Death (MM/DD/YYYY):	City:		
	Telephone:	FAX:	
	Submitted by:	Date CMR submitted (MM/DD/YYYY):	

Ethnicity (check one):
 Hispanic Non-Hispanic / Non-Latino

Race (check one):
 White
 African American / Black
 Native American / Alaskan Native
 Other _____
 Asian / Pacific Islander
 Asian-Indian Japanese
 Cambodian Korean
 Chinese Laotian
 Filipino Samoan
 Hawaiian Other _____

Risk Factors / Suspected Exposure Type:
 (check all that apply)

<input type="checkbox"/> Blood transfusion	<input type="checkbox"/> Needle or blood exposure
<input type="checkbox"/> Child care	<input type="checkbox"/> Recreational water exposure
<input type="checkbox"/> Food / drink	<input type="checkbox"/> Sexual activity
<input type="checkbox"/> Foreign travel	<input type="checkbox"/> Household exposure
<input type="checkbox"/> Household exposure	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other _____	

Type of diagnostic specimen: (check all that apply)

<input type="checkbox"/> Blood	<input type="checkbox"/> CSF
<input type="checkbox"/> Stool	<input type="checkbox"/> Urine
<input type="checkbox"/> Clinical	<input type="checkbox"/> No test
<input type="checkbox"/> Other _____	

Hepatitis Diagnosis: <input type="checkbox"/> Hep A, acute <input type="checkbox"/> Hep B, acute <input type="checkbox"/> Hep B, chronic <input type="checkbox"/> Hep C, acute <input type="checkbox"/> Hep C, chronic <input type="checkbox"/> Hep D <input type="checkbox"/> Other Hepatitis _____	Type of Hepatitis Testing (check all that apply): <table style="width:100%; text-align: center;"> <thead> <tr> <th></th> <th>Pos.</th> <th>Neg.</th> <th>Pend.</th> <th>Not Done</th> </tr> </thead> <tbody> <tr> <td>anti-HAV IgM</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>HBsAg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>anti-HBc (total)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>anti-HBc IgM</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>anti-HBs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>anti-HCV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="5" style="text-align: center;">- anti-HCV signal to cut off ratio = _____</td> </tr> <tr> <td>HCV-PCR</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>anti-Delta</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other test</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="5">specify _____</td> </tr> </tbody> </table>		Pos.	Neg.	Pend.	Not Done	anti-HAV IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HBc (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HBc IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HBs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- anti-HCV signal to cut off ratio = _____					HCV-PCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anti-Delta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	specify _____				
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DO NOT use this form to report HIV/AIDS, chancroid, chlamydia infections, gonorrhea, non-gonococcal urethritis, pelvic inflammatory disease, syphilis, or tuberculosis.

For HIV and AIDS: report to the HIV Epidemiology Program. Reporting information and forms are available by phone 213-351-8516 or at: www.publichealth.lacounty.gov/hiv/index.htm

For Pediatric AIDS: report to the Pediatric HIV/AIDS Reporting Program. Reporting information is available by calling 213-351-7319

For Tuberculosis: report cases and suspected cases to the TB Control Program within 24 hours of identification. Reporting information is available by phone 213-744-6160, or at www.publichealth.lacounty.gov/tb/index.htm Fax reports to: 213-744-0926.

For STDs: The STDs that are reportable to the STD Program include: chlamydial infections, syphilis, gonorrhea, chancroid, non-gonococcal urethritis (NGU), and pelvic inflammatory disease. Reporting information is www.publichealth.lacounty.gov/std/index.htm

REMARKS:

FAX THIS REPORT TO: 888-397-3778
 For assistance, please call the Morbidity Unit at 888-397-3993, or mail to Morbidity Unit, 313 N. Figueroa St., #117, Los Angeles, CA 90012.