

CONFIDENTIAL MORBIDITY REPORT

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

DISEASE BEING REPORTED:

Form containing patient information: Patient's Last Name, Social Security Number, Birth Date, First Name/Middle Name (or Initial), Age, Address: Number, Street, Apt/Unit Number, City/Town, State, Zip Code, Area Code, Home Telephone, Gender, Pregnant?, Estimated Delivery Date, Area Code, Work Telephone, and checkboxes for Food service, Day Care, Correctional Facility, Health care, School, and Other.

Form containing ethnicity and race information: Ethnicity (check one) for Hispanic/Latino and Non-Hispanic/Non-Latino; Race (check all that apply) for African-American/Black, Asian, Pacific Islander, Native American/Alaska Native, and White, with various sub-categories.

Form containing reporting information: DATE OF ONSET, DATE DIAGNOSED, DATE OF DEATH, Reporting Health Care Provider, Reporting Health Care Facility, Address, City, State, ZIP Code, Telephone Number, Fax, Submitted by, and Date Submitted.

Form containing reporting officer information: REPORT TO: MICHAEL MACLEAN, M.D., Kings County Health Officer, 330 Campus Dr. Hanford, CA 93230, (559) 584-1401 FAX (559) 589-0482, NANCY HITCHCOCK, Supervising PHN, Ext. 2594, AFTER HOURS: (559) 584-1401, Select #1 for "Reporting Condition".

Form containing sexually transmitted diseases (STD) information: Syphilis (Primary, Secondary, Latent, Neurosyphilis), Syphilis Test Results (RPR, VDRL, FTA/MHA, CSF-VDRL), Gonorrhoea, Chlamydia, PID (Unknown Etiology), Chancroid, Non-Gonococcal Urethritis, and STD Treatment Information (Treated vs. Untreated).

Form containing viral hepatitis information: VIRAL HEPATITIS table with columns for Hep A, B, C, D and rows for various tests (Anti-HAV IgM, HBsAG, Anti-HBc, Anti-HBc IgM, Anti-HBs, Anti-HCV, PCR-HVC, Anti-Delta); Suspected Exposure Type (Blood transfusion, Child care, Other needle exposure, Sexual Contact, Household contact).

Form containing tuberculosis (TB) information: TUBERCULOSIS (TB) Status (Active Disease: Confirmed, Suspected; Infected, No Disease: Converter, Reactor) and Sites (Pulmonary, Extra-Pulmonary, Both).

Form containing TB skin test information: Mantoux TB Skin Test (Date Performed, Results in mm) and Chest X-Ray (Date Performed, Normal, Cavitary, Abnormal/Non Cavitary).

Form containing coccidiomycosis information: Coccidiomycosis (Date, Specimen Collected) and a box for ATTACH LAB RESULTS.

Form containing clinical illness information: Clinical Illness (Influenza-like signs and symptoms, Pneumonia or other pulmonary lesion, Meningitis, Involvement of bones, joints, or skin by dissemination) and OTHER.

REMARKS section for additional notes.