

## COUNTY OF LOS ANGELES • DEPARTMENT OF PUBLIC HEALTH

## MORBIDITY UNIT CONFIDENTIAL MORBIDITY REPORT



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

DISEASE BEING						DISTRICT CODE (internal use only):
REPORTED:						
Patient's Last Name:			Social Security Number:			Ethnicity (check one):  Hispanic Non-Hispanic / Non-Latino
First Name and Middle Name (or initial):			Birthdate (MM/DD/YYYY): Age:		Age:	Race (check one):  White
Address (Street and number):					African American / Black  Native American / Alaskan Native	
City/Town			State Zip code			Other
Tionic relephone Number.		Gender:	<u> </u>			Asian / Pacific Islander Asian-Indian Japanese
Work Telephone Number:		Femal			_	Cambodian Korean Chinese Laotian
Patient's Occupation or Setting:						Filipino Samoan
			Service (Explain):			Hawaiian Other
Health Care	<del></del> -			ain):		Risk Factors / Suspected Exposure Type: (check all that apply)
Date of Onset (MM/DD/YYYY):					Blood transfusion Needle or blood	
	Health Care Facility:					Child care Recreational
Date of Diagnosis					Foreign travel water exposure	
(MM/DD/YYYY):	Address:					Household exposure Unknown
	City:					Other
Date of Hospitalization (MM/DD/YYYY):	•					Type of diagnostic specimen: (check all that apply)
	Telephone:	FAX:				Blood CSF
Date of Death						Stool Urine
(MM/DD/YYYY):	Submitted by:		Date CMR submitted (MM/DD/YYYY):			Clinical No test Other
						Outer
Hepatitis Diagnosis: Type of Hepa (check all that			apply):			o report HIV/AIDS, chancorid, chlamydia infections, gonorrhea, is, pelvic inflammatory disease, syphilis, or tuberculosis.
Hep B, acute		Pos. Neg.		. Pend. Not Done		: Report to DHSP/HIV Epidemiology. Reporting information
Hep B, chronic	anti-HAV lgN	anti-HAV IgM				by phone at 213-351-8516 or at: inty.gov/dhsp/reportcase.htm
Hep C, acute	HBsAg				For Acute HIV Infection Reporting: Health care providers shall report all cases within	
Hep C, chronic	,	anti-HBc (total)				nosis by telephone, to the local health officer of the jurisdiction des. Laboratories and providers may call 213-351-8516 to
Hep D Other Hepatitis		report a case of ac			rt a case of acute F	
Culei Hepatitis	anti-HCV	anti-HCV Reporting i			orting information is	IDS: Report to DHSP/Pediatric HIV/AIDS Reporting. available by calling 213-351-8153 or at  ntv.gov/dhsp/reportcase.htm
Elevated LFTs?	- anti-HCV	anti LICV aignal to out off ratio -				t cases and suspected cases to the TB Control
□ No □ Yes	ALT HCV-PCR	HCV-PCR Program within 24 hours				s of identification. Reporting information is available
	AST anti-Delta	anti-Delta by phone at 213-745-0 Fax reports to: 213-745				i00, or at www.publichealth.lacounty.gov/tb/index.htm -0926.
	Other test				For STDs: The STDs that are reportable to the STD Program include: chlamydial infections, syphilis, gonorrhea, chancroid, non-gonoccoccal urethritis (NGU),	
Jaundiced? No Yes specify			and pelvic inflamatory of			disease. Reporting information is available at https://disease.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.						