

CONFIDENTIAL MORBIDITY REPORT

NOTE: For STD, Hepatitis, or TB, complete appropriate section below

DISEASE BEING REPORTED: MR#
PATIENT Last Name First Name Middle Initial DATE OF BIRTH AGE GENDER PREGNANT?
Address Apt. / Unit No. PHONE NUMBERS EMPLOYERS NAME
City State Zip Home Cell Phone:

RACE (check all that apply) ETHNICITY (check one) MARITAL STATUS (check one)
African-American American Indian/Alaska Native Asian Pacific Islander White
Non-Hispanic/Non-Latino Hispanic/Latino Unknown
Single Married Other

COUNTRY OF BIRTH If not born in the U.S. Language(s) Spoken
Date of Arrival in the U.S.

OCCUPATIONAL SETTING
Food Service Day Care Health Care Correctional Facility School Other (specify)

REPORTING HEALTH CARE PROVIDER REPORT TO: WESTERN COUNTY — RIVERSIDE
REPORTING HEALTH CARE FACILITY EASTERN COUNTY — INDIO
CITY STATE ZIP
PHONE NUMBERS
Submitted by: Date Submitted
LABORATORY NAME CITY STATE ZIP

SEXUALLY TRANSMITTED DISEASES (STDs)
Syphilis Syphilis Test Results Gonorrhea Chlamydia PID
Primary Secondary Early latent < 1 year Latent (unknown duration) Late Latent > 1 year Late (tertiary) Congenital Neurosyphilis
RPR VDRL FTA-ABS TP-PA MHA-TP EIA CSF-VDRL
Cervical Urethral Urine Other Chancroid Lymphogranuloma Venereum
Cervical Rectal Urethral Pharyngeal Gonococcal PID Chlamydial PID Unknown Etiology PID Other Etiology PID

STD TREATMENT INFORMATION
TREATED On Site Date Treatment Began Rx given:
UNTREATED Will Treat Refused Treatment Unable to Contact Pt. Referred to:
SEX PARTNER(S) GENDER
Untreated Treated Male Female

TUBERCULOSIS (TB) TB TREATMENT INFORMATION
STATUS Active Disease Confirmed Suspected
Mantoux TB Skin Test Bacteriology Current Treatment
Date Performed Results mm Not done Pending
Date Specimen Collected
Source: Smear: Culture: Other:
Date Treatment Began
Untreated Will Treat Refused Treatment Unable to Contact Pt. Referred to:

Chest X-ray DATE RESULT: Normal Cavitory Abnormal/Non-cavitory Pending Not Done

VIRAL HEPATITIS Onset Date
Reason for Testing (Check all that apply) Suspected Exposure Type (Check all that apply)
Symptoms of acute illness Pre-employment Asymptomatic w/risk factors Immune Status Unk Other
Blood Transfusion Household contact Other needle exposure Sexual contact Child Care Other
Symptoms (Check all that apply) Liver Enzymes at time of Diagnosis
Jaundice Fatigue Fever Abdominal pain Vomiting Anorexic Joint pain Nausea Light stools Dark urine Rash Diarrhea
ALT [SGPT] Result AST [SGOT] Result
Elevated serum aminotransferase levels: Yes No
Total bilirubin result Bilirubin upper limit

COMMENTS:
Hep A Anti-HAV IgM
Hep B HBsAg Anti-HBc IgM Anti-HBs HBeAg Anti-HBe HBV DNA/PCR EIA/CIA
Hep C (confirmed) Signal to cut-off ratio (s/co)
Acute RIBA
Chronic PCR/HCV
Hep D Anti-HDV
Hep E Anti-HEV