{	COUNTY OF LOS ANGELES Public Health				
7	313 N. Figueroa St., Rm. 117				
	Los Angeles, CA 90012				
	888-397-3993 (tel.)				
	888-397-3778 (fax.)				

CONFIDENTIAL MORBIDITY REPORT

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



DISEASE BEING REPORTED:						DISTRICT CODE (internal use only):		
Patient's Last Name:			Social Security Number:			Ethnicity (check one):		
First Name and Middle Name (or initial):			Birthdate (MM/DD/YYYY): Age:		Age:	Race (check one):		
Address (Street and number):						Native American / Alaskan Native		
City/Town:			State: Zip Code:			Other Asian / Pacific Islander (check one below): Asian-Indian Japanese		
Home Telephone Number:	Gender: Male Fema		le → Pregnant? Yes No Unknown Estimated Delivery Date (MM/DD/YYYY): //		Unknown DD/YYYY):	Cambodian Korean Chinese Laotian Filipino Samoan Hawaiian Other		
Patient's Occupation or Setting: Day Care Correctional Facility Food Service: (Explain)						Risk Factors / Suspected Exposure Type: (check all that apply) Image: Check all that apply) Image: Blood transfusion Needle or blood exposure Image: Child care image: Chil		
Date of Onset (MM/DD/YYYY): Health Care Provider:								
/ / Date of Diagnosis (MM/DD/YYYY):	Health Care Facility:					Foreign Unknown travel Unknown Household Other (specify)		
//	Address:					exposure		
Date of Hospitalization (MM/DD/YYYY): /	City:					Type of diagnostic specimen: (check all that apply)		
Date of Death (MM/DD/YYYY):	Telephone:	e: FAX:				Blood CSF		
//	Submitted by:	Date CMR su		bmitted (MM/DD/Y	YYY):	Diminical Diminical Other		
Hepatitis Diagnosis: Hep A, acute Hep B, acute	(check all that apply): Pos. Neg. Pend. Not Done or tuberculosis anti-HAV IgM I I I I or tuberculosis HBsAg I I I Information an anti-HBc (total) I I Information an anti-HBc lgM I I Reporting information an anti-HBs I I Information an anti-HCV I I Por Pediatric A anti-HCV I I Por Tuberculos PCR-HCV I I Por STDs: The other test I I Information an			gonorrhea, no	n-gonococcal u	eport HIV/AIDS, chancroid, chlamydia infections, al urethritis, pelvic inflammatory disease, syphilis, to the HIV Epidemiology Program. Reporting available by phone (213-351-8516) or at: <u>ndex.htm</u>		
Hep B, chronic Hep C, acute				information ar				
Hep C, chronic Hep D				For Pediatric Reporting info	AIDS : report to rmation is avail	rt to the Pediatric HIV/AIDS Reporting Program. vailable by calling (213) 351-7319		
Other Hepatitis Elevated LFTs?				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.lapublichealth.org/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 inflamatory disease. Reporting information is available by phone (213-744-3070) or at:				
No Yes→ ALT AST								
Jaundiced? U No U Yes	es specify available by prone (216144 www.lapublichealth.org/std/ind					ex.htm		
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.								