County of Los Angeles Public Health

Reset Form

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

# MORBIDITY UNIT

# CONFIDENTIAL MORBIDITY REPORT

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

DISEASE BEING REPORTED:

DISTRICT CODE (internal use only):

Patient's Last Name:

Birthdate (MM/DD/YYYY):

Age:

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

First Name and Middle Name (or initial):

Address (Number, Street):

Address Type: ☐ Residential
☐ Nursing/LT Care/Assisted living
☐ Shelter ☐ Correctional Facility
☐ Homeless ☐ Other: _____

City/Town:

State:

ZIP Code:

Email Address:

Home Telephone Number:

Cell Telephone Number:

Work Telephone Number:

Medical Record No.

Race (check all that apply):
☐ American Indian/Alaskan Native
☐ Asian:
☐ Asian Indian ☐ Korean
☐ Cambodian ☐ Laotian
☐ Chinese ☐ Thai
☐ Filipino ☐ Vietnamese
☐ Hmong ☐ Other: _____
☐ Japanese
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander:
☐ Guamanian ☐ Samoan
☐ Other: _____
☐ White
☐ Other: _____
☐ Unknown

Gender Identity (check one):
☐ Male ☐ Female ☐ Transgender Male/Trans Man
☐ Transgender Female/Trans Woman ☐ Gender Non-Binary/Non-conforming
☐ Another gender category or another identity: _____
☐ Prefer not to state

Sex at birth?
☐ Male ☐ Female
☐ Non-Binary or X
☐ Other: _____
☐ Prefer not to answer

Sexual Orientation (check one):
☐ Gay or Lesbian ☐ Bisexual ☐ Straight/Heterosexual ☐ Not sure
☐ Something else: _____ ☐ Don't understand the question
☐ Prefer not to State

Pregnant?
☐ Yes ☐ No ☐ Unk
Estimated Delivery Date:

Occupation or Job Title

Patient's Occupation or Exposure Setting: (specify if indicated)
☐ Health Care ☐ Day Care ☐ Food Service: _____
☐ Correctional Facility ☐ School ☐ Other: _____

Risk Factors/Suspected Exposure Type:
(check all that apply)
☐ Blood Transfusion ☐ Needle Blood Exposure
☐ Child Care ☐ Household Exposure
☐ Food and Drink ☐ Sexual Contact
☐ Foreign Travel ☐ Recreational Water
☐ IV Drugs ☐ Unknown
☐ Other: _____

Date of Onset (MM/DD/YYYY):

Reporting Health Care Provider:

Date of Diagnosis (MM/DD/YYYY):

Reporting Health Care Facility:

Address (Number, Street):

Date of First Specimen Collection (MM/DD/YYYY):

City:

DO NOT use this form to report HIV/AIDS, Pediatric HIV/AIDS, STDs (chancroid, chlamydia infections, gonorrhea, non-gonococcal urethritis, pelvic inflammatory disease, syphilis), or tuberculosis.

Reporting information and forms are available via the following hyperlinks: 1) HIV/AIDS/STDs and 2) TB.

Date of Hospitalization (MM/DD/YYYY):

Telephone Number:

FAX Number:

Date of Death (MM/DD/YYYY):

Submitted by:

Date CMR submitted (MM/DD/YYYY):

Hepatitis Diagnosis:
☐ Hep A, acute
☐ Hep B, acute
☐ Hep B, chronic
☐ Hep B, perinatal
☐ Hep C, acute
☐ Hep C, chronic
☐ Hep C, perinatal
☐ Hep D
☐ Hep E
☐ Other Hepatitis: _____

Elevated LFTs? ☐ No ☐ Yes
ALT: _____ AST: _____

Bilirubin result: _____

Jaundiced? ☐ No ☐ Yes

Symptoms? ☐ No ☐ Yes

Type of Hepatitis Testing (check all that apply):
**(Attach test and liver function test results)**

| | Pos. | Neg. | Pend. | Not Done |
|---|---|---|---|---|
| anti-HAV IgM | ☐ | ☐ | ☐ | ☐ |
| HBsAg | ☐ | ☐ | ☐ | ☐ |
| anti-HBc (total) | ☐ | ☐ | ☐ | ☐ |
| anti-HBc IgM | ☐ | ☐ | ☐ | ☐ |
| anti-HBs | ☐ | ☐ | ☐ | ☐ |
| HBV DNA PCR | ☐ | ☐ | ☐ | ☐ |
| anti-HCV | ☐ | ☐ | ☐ | ☐ |
| HCV-PCR | ☐ | ☐ | ☐ | ☐ |
| anti-Delta | ☐ | ☐ | ☐ | ☐ |
| HDV PCR | ☐ | ☐ | ☐ | ☐ |
| Anti-HEV IgM | ☐ | ☐ | ☐ | ☐ |
| Other test | ☐ | ☐ | ☐ | ☐ |

Specify: _____

Diagnostic Test Type (non-hepatitis): **(Attach laboratory result)**

Type of Diagnostic Specimen: (check all that apply)
☐ Blood ☐ CSF ☐ Stool ☐ Urine ☐ Clinical ☐ No test
☐ Other: _____

Test Result:
☐ Pos ☐ Neg ☐ Not Done ☐ Other: _____

Laboratory Name:

City:

State:

Zip code:

**To report a case of any disease, contact the Communicable Disease Reporting System**
**Tel: (888) 397-3993 or (213) 240-7821**
**Fax: (888) 397-3778 or (213) 482-5508**
**Send via Secure Email: ACDC-MorbidityUnit@ph.lacounty.gov**
**or Mail: Morbidity Unit, 313 N. Figueroa St., Room 117, Los Angeles, CA 90012.**

REMARKS: