CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting lapses of consciousness, Alzheimer's disease or other conditions which may impair the ability to operate a motor vehicle safely (pursuant to H&S 103900).

CONDITION BEING REPORTED -							
Patient Name - Last Name		st Name		МІ	Ethnicity (check one)		
Home Address: Number, Street Api			Apt./Unit N	o.	☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Unknown Race (check all that apply)		
·						African-American/Black	
City		State ZIP Code				American Indian/Alaska Native Asian (check all that apply)	
Home Telephone Number Cell Telephone Number Work Telephone Number						☐ Asian Indian ☐ Hmong ☐ Thai ☐ Cambodian ☐ Japanese ☐ Vietnamese	
Email Address Primary English Spanish						Chinese Korean Other (specify):	
Email Address Primary English Spanish Language Other:					☐ Filipino ☐ Laotian ☐ Pacific Islander (check all that apply)		
Birth Date (mm/dd/yyyy) Age	th Date (mm/dd/yyyy) Age		☐ Native Hawaiian ☐ Samoan ☐ Guamanian ☐ Other (specify):				
5.4.5	Days Communication White				White		
Pregnant? Est. Delivery Date (mm/dd/yyyy) Country of Birth					Other (specify): Unknown		
Occupation or Job Title		Оссира	ational or Ex	xposure Set	ting (check	k all that apply): Food Service Day Care Health Care	
D. ((0 () () ()			orrectional F		School	Other (specify):	
Date of Onset (mm/dd/yyyy)		Date of First S	pecimen Co	ollection (mn	1/aa/yyyy)	Date of Diagnosis (mm/dd/yyyy)	
Reporting Health Care Provider	Rep	orting Health C	are Facility			REPORT TO:	
Address: Number, Street			Suite/Unit No.		Department of Public Health		
					Communicable Disease Investigations 1221 Fulton Street, Fresno, CA 93721		
City		State	ZIP Code			Telephone: (559) 600-3332	
Telephone Number	Fax	ax Number				Confidential Fax (559) 600-7607	
Submitted by		Date Submitted (mm/dd/yyyy)				After Hours: (559) 600-3111 Website: www.fcdph.org	
Submitted by		Date Submitted (mm/dd/yyyy)				(Obtain additional forms from your local health department.)	
DEPARTMENT OF MOTOR VEHICLES (DMV)							
California Driver License or Identification Card Number (eight characters):							
If this report is based upon episodic lapses of consciousness, when was the most recent episode?:							
(mm/dd/yyyy) 2. If there have been multiple episodes of loss of consciousness or control within the past three years, please indicate the dates if they are known to you.							
(a): (b): _		(c):		_ (d):		(e): (f):	
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)							
3. Within the past 12 months, has			conscious	sness or co	ntroi wniie	e driving? Yes No Uncertain	
4. Are additional lapses of consciousness likely to occur?							
5. If the patient has had episodes of nocturnal seizures, is there likelihood of lapses of consciousness occurring while he/she is awake?							
6. Has this patient been diagnosed with dementia or Alzheimer's disease?						Yes No Uncertain	
7. Would you currently advise this patient not to drive because of his/her medical condition?						Yes No Uncertain	
8. Does this patient's condition represent a permanent driving disability?						Yes No Uncertain	
9. Would you recommend a driving	MV?				Yes No Uncertain		
Remarks:							

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Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- § 2500(b) It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- § 2500(c) The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- § 2500(a)(14) "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

- ①! = Report immediately by telephone (designated by a ♦ in regulations).
- † = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a in regulations.)
- © = Report by telephone within one working day of identification (designated by a + in regulations).
- FAX 🕜 🗷 = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
 - = All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)

FAX (7) ⊠	Amebiasis	FAX 🕜 🗷	Listeriosis
rm (r) 🗷	Anaplasmosis	ran (p 🖾	Lyme Disease
Ø!	Anthrax, human or animal	FAX 🅜 🗷	Malaria
FAX ⑦ ⊠	Babesiosis		Measles (Rubeola)
ø!	Botulism (Infant, Foodborne, Wound, Other)	FAX 🕜 🗷	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
	Brucellosis, animal (except infections due to Brucella canis)	Ø!	Meningococcal Infections
Ø!	Brucellosis, human		Mumps
FAX 🕜 🗷	Campylobacteriosis	ø!	Novel Virus Infection with Pandemic Potential
	Chancroid	ø!	Paralytic Shellfish Poisoning
FAX 🅜 🗷	Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)	FAX 🕜 🗷	Pertussis (Whooping Cough)
FAX 🕜 🗷	Chikungunya Virus Infection	ø!	Plague, human or animal
	Chlamydia trachomatis infections, including lymphogranuloma	FAX ⑦ ⊠	Poliovirus Infection
	venereum (LGV)	FAX ⑦ ⊠	Psittacosis
Ø!	Cholera	FAX ⑦ ⊠	Q Fever
Ø !	Ciguatera Fish Poisoning	o !	Rabies, human or animal
	Coccidioidomycosis	FAX ⑦ ⊠	Relapsing Fever
	Creutzfeldt-Jakob Disease (CJD) and other Transmissible	0	Respiratory Syncytial Virus (only report a death in a patient less than
	Spongiform Encephalopathies (TSE)		less than five years of age)
FAX 🕜 🗷	Cryptosporidiosis		Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including
1.m. () =	Cyclosporiasis		Typhus and Typhus-like Illnesses
	Cysticercosis or taeniasis		Rocky Mountain Spotted Fever
ø !	Dengue Virus Infection		Rubella (German Measles)
ő i	Diphtheria		Rubella Syndrome, Congenital
ø!	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	FAX 🕜 🗷	Salmonellosis (Other than Typhoid Fever)
	Ehrlichiosis	ø!	Scombroid Fish Poisoning
FAX 🕜 🗷	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	ø !	Shiga toxin (detected in feces)
ø!	Escherichia coli: shiga toxin producing (STEC) including E. coli O157	FAX 🕜 🗷	Shigellosis
ø !	Flavivirus infection of undetermined species	∞ !	Smallpox (Variola)
† FAX 🕜 🗷	Foodborne Disease		Streptococcal Infections (Outbreaks of Any Type and Individual Cases
, ,	Giardiasis	_	in Food Handlers and Dairy Workers Only)
	Gonococcal Infections	FAX 🕜 🗷	Syphilis
FAX 🅜 🗷	Haemophilus influenzae, invasive disease, all serotypes (report an	_	Tetanus
	incident of less than five years of age)	FAX 🕜 🗷	Trichinosis
FAX 🕜 🗷	Hantavirus Infections	FAX 🕜 🗷	Tuberculosis
ø !	Hemolytic Uremic Syndrome	_	Tularemia, animal
FAX 🕜 🗷	Hepatitis A, acute infection	Ø!	Tularemia, human
	Hepatitis B (specify acute case or chronic)	FAX 🕜 🗷	Typhoid Fever, Cases and Carriers
	Hepatitis C (specify acute case or chronic)	FAX 🕜 🗷	Vibrio Infections
	Hepatitis D (Delta) (specify acute case or chronic)	Ø!	Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo,
	Hepatitis E, acute infection	@	Ebola, Lassa, and Marburg viruses)
Ø	Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS) Human Immunodeficiency Virus (HIV), acute infection	FAX ⑦ ⊠ ⑦ !	West Nile Virus (WNV) Infection Yellow Fever
· ·	Influenza, deaths in laboratory-confirmed cases for age 0-64 years	(<i>f</i>) ! FAX (f) ⊠	Yersiniosis
Ø!	Influenza, novel strains (human)	~ @ =	Zika Virus Infection
ΰ.	Legionellosis	ő i	OCCURRENCE of ANY UNUSUAL DISEASE
	Leprosy (Hansen Disease)	õ!	OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500).
	Leptospirosis		Specify if institutional and/or open community.

HIV REPORTING BY HEALTH CARE PROVIDERS §2641.30-2643.20

Human Immunodeficiency Virus (HIV) infection at all stages is reportable by traceable mail, person-to-person transfer, or electronically within seven calendar days. For complete HIV-specific reporting requirements, see Title 17, CCR, §2641.30-2643.20 and http://www.cdph.ca.gov/programs/aids/Pages/tOAHIVRptgSP.aspx

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800-2812 and §2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812)

Pesticide-related illness or injury (known or suspected cases)**

Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix) (§2593)***

LOCALLY REPORTABLE DISEASES (If Applicable):

CDPH 110c (07/16)

^{*} This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health & Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

^{**} Failure to report is a citable offense and subject to civil penalty (\$250) (Health and Safety Code §105200).

^{***} The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.ccrcal.org.