CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting lapses of consciousness or control, 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		First Na	First Name			МІ	Ethnicity (check one)		
Home Address: Number, Street			Apt./Uni			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	Number	Work Telephone Number			•	☐ Asian Indian ☐ Hmong ☐ Thai ☐ Cambodian ☐ Japanese ☐ Vietnamese			
Email Address		Primary ☐ English ☐ Spanish			onioh	Chinese Korean Other (specify):			
		Language Other:				☐ Filipino ☐ Laotian ☐ Pacific Islander (check all that apply)			
		Years				ender ender	☐ Native Hawaiian ☐ Samoan ☐ Guamanian ☐ Other (specify):		
		Days	Days Female Ot			White			
Pregnant? ☐ Yes ☐ No ☐ Unknown	Est. Delivery Date (mm/aa/yyy	/dd/yyyy) Country of Birth				Other (specify): Unknown		
Occupation or Job Title			Оссира	ational or E	xposure Set	ting (checl	k all that apply): Food Service Day Care Health Care		
Data of Ourset (may (dd/may)		10-4		orrectional F		School	Other (specify):		
Date of Onset (mm/dd/yyyy)		Date	e of First S	pecimen Co	ollection (mn	1/aa/yyyy)	Date of Diagnosis (mm/dd/yyyy)		
Reporting Health Care Provider			Reporting Health Care Facility				REPORT TO:		
Address: Number, Street			<u></u>			Vo.			
City		S	State	ZIP Code					
Telephone Number			ax Number						
Submitted by	Date Subn	nitted (mm/c	ddagay)						
Submitted by			Date Submitted (mm/dd/yyyy)				(Obtain additional forms from your local health department.)		
DEPARTMENT OF MOTOR V	/EHICLES (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 there been an episode of loss of consciousness or control while 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									
6. Has this patient been diagnosed with dementia or Alzheimer's				isease?			Yes No Uncertain		
7. Would you currently advise this patient not to drive because of his/her medical con						on?	Yes No Uncertain		
8. Does this patient's condition	manent d	nent driving disability?				Yes No Uncertain			
9. Would you recommend a driving evaluation by [☐ Yes ☐ No ☐ Uncertain		
Remarks:									

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 juridiction 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)]

- - † = 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.)
- 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)

Acquired Immune Deficiency Syndrome (AIDS)

(HIV infection only: see "Human Immunodeficiency Virus")

FAX 🕜 🗷 Amebiasis

Anaplasmosis/Ehrlichiosis

Anthrax, human or animal

FAX 🕜 🗷 Babesiosis

© ! Botulism (Infant, Foodborne, Wound, Other)

Brucellosis, animal (except infections due to Brucella canis)

O! Brucellosis, human

FAX 🕜 🗷 Campylobacteriosis

Chancroid

FAX (C) Chickenpox (Varicella) (only hospitalizations and deaths)

Chlamydia trachomatis infections, including lymphogranuloma

venereum (LGV)

Cholera ! Cholera

© ! Ciguatera Fish Poisoning

Coccidioidomycosis

Creutzfeldt-Jakob Disease (CJD) and other Transmissible

Spongiform Encephalopathies (TSE)

FAX <a>Ĉ ⊠ Cryptosporidiosis

Cyclosporiasis

Cysticercosis or taeniasis

© ! Diphtheria

© ! Domoic Acid Poisoning (Amnesic Shellfish Poisoning)

FAX @
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic

© ! Escherichia coli : shiga toxin producing (STEC) including E. coli O157

† FAX 🕜 🗷 Foodborne Disease

Giardiasis

Gonococcal Infections

FAX ①

Haemophilus influenzae, invasive disease (report an incident of less than 15 years of age)

② ! Hemolytic Uremic Syndrome
② ▼ Hemolytic A pouts infection

FAX 🕜 🗷 Hepatitis A, acute infection

Hepatitis B (specify acute case or chronic)

Hepatitis C (specify acute case or chronic)

Hepatitis D (Delta) (specify acute case or chronic)

Hepatitis E, acute infection

Influenza, deaths in laboratory-confirmed cases for age 0-64 years

Influenza, novel strains (human)

Legionellosis

Leprosy (Hansen Disease)

Leptospirosis

FAX 🕜 🗷 Listeriosis

Lyme Disease

FAX 🕜 🗷 Malaria

Measles (Rubeola)

FAX @ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic

Meningococcal Infections

Mumps

© ! Paralytic Shellfish Poisoning

Pelvic Inflammatory Disease (PID)

FAX (C) Pertussis (Whooping Cough)

Plague, human or animal

FAX (Poliovirus Infection

FAX 🕜 🗷 Psittacosis

- FAX 🕜 🗷 Q Fever
 - © ! Rabies, human or animal

FAX <a>Ĉ ■ Relapsing Fever

Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including

Typhus and Typhus-like Illnesses Rocky Mountain Spotted Fever

Rubella (German Measles)
Rubella Syndrome, Congenital

FAX ② Salmonellosis (Other than Typhoid Fever)

© ! Scombroid Fish Poisoning

© ! Severe Acute Respiratory Syndrome (SARS)

Shiga toxin (detected in feces)

FAX (7) 🗷 Shigellosis

Smallpox (Variola)

FAX (P Staphylococcus aureus infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)

FAX ♠ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)

FAX 🕜 🗷 Syphilis

Tetanus

Toxic Shock Syndrome

FAX 🕜 🗵 Trichinosis

FAX ⑦ ™ Tuberculosis

Tularemia, animal ©! Tularemia, human

FAX @
Typhoid Fever, Cases and Carriers

FAX ⑦ ⊠ Vibrio Infections

 ${ @}\ !\$ Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)

FAX ♥ ™ West Nile virus (WNV) Infection

Yellow Fever

FAX 🕜 🗷 Yersiniosis

① ! OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specifiy if institutional and/or open community.

HIV REPORTING BY HEALTH CARE PROVIDERS § 2641.5-2643.20

Human Immunodeficiency Virus (HIV) infection is reportable by traceable mail or person-to -person transfer within seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, § 2641.5-2643.20 and http://www.cdph.ca.gov/programs/aids/Pages/OAHIVReporting.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):

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^{*} 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.