

MAIL THE TOP TWO COPIES TO YOUR LOCAL HEALTH DEPARTMENT

**VIRGINIA DEPARTMENT OF HEALTH  
Confidential Morbidity Report**

Patient's Name (Last, First, Middle Initial):		SSN: _____	
Patient's Address (Street, City or Town, State, Zip Code):		Home #: ( ) _____	
		Work #: ( ) _____	
		City or County of Residence	
Date of Birth:	Age:	Race: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other (specify):	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No Sex: <input type="checkbox"/> F <input type="checkbox"/> M
DISEASE OR CONDITION:		Case Status: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected	Date of Onset:
Date of Diagnosis:	Death: <input type="checkbox"/> Yes <input type="checkbox"/> No Death Date:	Influenza: (Report # and type only. No patient identification). Number of Cases:                      Type, if known:	
Physician's Name:		Phone: ( )	
Address:			
Hospital Admission? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hospital Name:	
Date of Admission:		Chart ID No:	

**Laboratory Information and Results**

Source of Specimen:	Date Collected:
Laboratory Test:	
Results:	
Name/Address of Lab:	
CLIA Number:	

**Other Information**

Comments: (E.g., Risk Situation [Food Handling, Patient Care, Day Care], Treatment [including dates], Immunization Status [including dates], Signs/Symptoms, Exposure, Outbreak Associated, etc.)

For Health Department Use:	Date Received:
Name, Address, and Phone Number of Person Completing This Form:	Date Reported:
	Check here if you need more of these forms, or call your local health department. <input type="checkbox"/> (Be sure your address is complete.)

**Please complete as much of this form as possible.**

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Please report the following diseases (and any other disease or outbreak of public health importance) in the manner required by Section 32.1-36 of the Health Laws of Virginia and 12 VAC 5-90-80 of the Board of Health *Regulations for Disease Reporting and Control*. Enter as much information as possible on the reporting form.

Acquired immunodeficiency syndrome (AIDS)	Lyme disease
Amebiasis *	Lymphogranuloma venereum
ANTHRAX *	Malaria *
Arboviral infection*	MEASLES (Rubeola) *
BOTULISM *	MENINGOCOCCAL INFECTION *
Brucellosis *	Mumps *
<i>Campylobacter</i> infection *	Ophthalmia neonatorum
Chancroid *	OUTBREAKS, ALL (including foodborne, nosocomial, occupational, toxic substance- related, waterborne, and other outbreaks)
Chickenpox	PERTUSSIS (Whooping cough) *
<i>Chlamydia trachomatis</i> infection *	PLAGUE *
CHOLERA *	POLIOMYELITIS *
Cryptosporidiosis *	PSITTACOSIS
Cyclosporiasis *	RABIES, HUMAN AND ANIMAL *
DIPHTHERIA *	Rabies treatment, post-exposure
Ehrlichiosis	Rocky Mountain spotted fever
<i>Escherichia coli</i> O157:H7 and other enterohemorrhagic <i>E. coli</i> infections *	Rubella (German measles), including congenital rubella syndrome *
Giardiasis *	Salmonellosis *
Gonorrhea *	Shigellosis*
Granuloma inguinale	Streptococcal disease, Group A, invasive *
HAEMOPHILUS INFLUENZAE INFECTION, INVASIVE *	Syphilis (report PRIMARY and SECONDARY syphilis by rapid means) *
Hantavirus pulmonary syndrome	Tetanus
Hemolytic uremic syndrome (HUS)	Toxic shock syndrome
Hepatitis, Acute Viral	Toxic substance related illnesses
HEPATITIS A *	Trichinosis *
Hepatitis B *	TUBERCULOSIS DISEASE (MYCOBACTERIA *~)
Hepatitis C	Tuberculosis infection in children age <4 years (Mantoux skin test reaction \$ 10 mm)
Other Acute Viral Hepatitis	Typhoid fever
Human immunodeficiency virus (HIV) infection *	Typhus
Influenza * ¶	Vancomycin-resistant <i>Staphylococcus aureus</i> *
Kawasaki syndrome	<i>Vibrio</i> infection *
Lead - elevated blood levels *‡	YELLOW FEVER
Legionellosis *	
Leprosy (Hansen disease)	
Listeriosis *	

UPPER CASE indicates conditions that must be reported rapidly to the local health director via telecommunication. Report all other diseases within seven days of diagnosis.

\*These conditions are reportable by directors of laboratories. These and all other conditions are reportable by physicians and directors of medical care facilities as well.

¶Physicians and directors of medical care facilities should report influenza by number of cases only (and type of influenza, if available).

~AFB on smear, speciation, and drug susceptibility.

‡Venous blood lead level \$ 10 Fg/dl in a child under age 16 years or \$ 25 Fg/dl in a person 16 years of age or older.

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