UTAH CONFIDENTIAL MORBIDITY REPORT FORM

Report Date:

INDIVIDUAL CASE REPORT OF DISEASE

Parent or Guardian (if minor child)	ID #

Patient Name	Date of Birth	Age	Gender	Home Phone
Address, City, State, Zipcode		County		Work Phone

Race: White ☐ Black ☐ Asian ☐ Native American ☐ Pacific Islander ☐	Hispanic Yes ☐ No ☐

Disease	Date of Onset
Laboratory Results/Serotype	Specimen Source	Date of Lab Test

Name of Laboratory	Phone
Name of Attending Physician	Phone
Name of Person Reporting	Phone

Hospitalized? Yes ☐ No ☐	Where?	Date Hospitalized
Died? Yes ☐ No ☐	Date Expired?	Cause of Death
Food handler? Yes ☐ No ☐	Where?	
Health Care Provider? Yes ☐ No ☐	Where?	Position/Title:
Day Care Center? Yes ☐ No ☐	Attend? Yes ☐ No ☐	Associated With? Yes ☐ No ☐
	Day Care Name: Address:	Phone

SEXUALLY TRANSMITTED DISEASE (STD)

Syphillis: Primary ☐ Secondary ☐ Congenital ☐ Early Latent (<1 year) ☐ Other ☐

Gonorrhea: Uncomplicated ☐ Ophthalmia ☐ Other ☐

Chlamydia ☐ Pelvic Inflamatory Disease (PID) ☐

Treatment given:	Dosage	Date

REPORT BY NUMBER OF CASES ONLY

DISEASE	# OF CASES
Chickenpox	
Influenza-Like Illness	
MRSA	
Pneumonia	
RSV	
Staphylococcal Disease	
Streptococcal Disease	
VRE	
Other	

Comments regarding disease reported on this form:

Reportable Diseases

The following diseases are of concern to the public health. Each confirmed or suspected case is required by law (Communicable Disease Rule R386-702) to be reported to the Utah Department of Health, Bureau of Epidemiology, (801) 538-6191 or to the local health department.

Acquired Immunodeficiency Syndrome	Contact HIV/AIDS Bureau for more info (801) 538-6096
Amebiasis	Enteric Investigation Form
Anthrax*	**Morbidity Report Form**
Botulism*	**Botulism Investigation Form**
Brucellosis	Morbidity Report Form
Campylobacteriosis	Enteric Investigation Form
Chancroid	Morbidity Report Form
Chickenpox	No. of Cases only, Morbidity Report Form
Chlamydia trachomatis	Morbidity Report Form
Cholera*	**Enteric Investigation Form**
Coccidioidomycosis	Morbidity Report Form
Colorado tick fever	Morbidity Report Form
Creutzfeldt-Jakob disease	Morbidity Report Form
Cryptosporidiosis	Morbidity Report Form
Cyclospora infection	Morbidity Report Form
Diphtheria*	**Diphtheria Investigation Form**
Echinococcosis	Morbidity Report Form
Ehrlichiosis, human granulocytic and human monocytic	Morbidity Report Form
Encephalitis:primary, post-infectious, arthropod-borne and unspecified	Morbidity Report Form
Enterococcal infection, vancomycin-resistant	No. of Cases only, prefer individual case reports on Morbidity Report Form
Escherichia coli O157:H7	Enteric Investigation Form
Giardiasis	Enteric Investigation Form
Gonorrhea: sexually transmitted and ophthalmia neonatorum	Morbidity Report Form
Haemophilus influenzae, invasive disease	Meningitis Investigation Form
Hansen Disease (Leprosy)	Leprosy Investigation Form
Hantavirus infections and pulmonary syndrome*	Morbidity Report Form
Hemolytic Uremic Syndrome, postdiarrheal	Morbidity Report Form
Hepatitis A	Hepatitis Investigation Form
Hepatitis B, cases & carriers	Hepatitis Investigation Form
Hepatitis, other viral: type C, and non-A non-B	Hepatitis Investigation Form
Human Immunodeficiency Virus Infection	Contact HIV/AIDS Bureau for more info (801) 538-6096
Influenza, laboratory confirmed	Morbidity Report Form
Kawasaki syndrome	Kawasaki Syndrome Investigation Form
Legionellosis	Legionella Investigation Form
Listeriosis	Meningitis Investigation Form
Lyme disease	Lyme Disease Investigation Form
Malaria	Malaria Investigation Form
Measles*	**Measles Investigation Form**
Meningitis, aseptic and bacterial (specify etiology)	Bacterial - Meningitis Investigation Form, Aseptic - Morbidity Report Form
Meningococcal Disease (invasive)*	**Meningitis Investigation Form**
Mumps*	**Mumps Investigation Form**
Pelvic Inflammatory Disease	Morbidity Report Form
Pertussis*	**Pertussis Investigation Form**
Plague*	**Plague Investigation Form**
Poliomyelitis, paralytic*	**Polio Investigation Form**
Psittacosis	Psittacosis Investigation Form
Q Fever	Morbidity Report Form
Rabies, human and animal*	**Morbidity Report Form**
Relapsing fever, tick-borne and louse-borne*	**Morbidity Report Form**
Reye syndrome	Morbidity Report Form
Rheumatic fever	Rheumatic Fever Investigation Form
Rocky Mountain spotted fever	Rocky Mountain Spotted Fever Investigation Form
Rubella*	**Rubella Investigation Form**
Rubella, congenital syndrome	Congenital Rubella Investigation Form
Salmonellosis	Enteric Investigation Form
Shigellosis	Enteric Investigation Form
Staphylococcal diseases, all outbreaks and Staphylococcus aureus with resistance or intermediate resistance to vancomycin or resistance to methicillin isolated from any site	No. of Cases only, prefer individual case reports on Morbidity Report Form
Streptococcal Disease, invasive, Group A, isolated from a normally sterile site	Morbidity Report Form
Streptococcal Toxic-Shock Syndrome	Morbidity Report Form
Streptococcus pneumoniae, drug-resistant invasive disease, isolated from a normally sterile site	Morbidity Report Form
Syphilis, all stages and congenital	Morbidity Report Form
Tetanus*	**Tetanus Investigation Form**
Toxic-Shock Syndrome	Toxic Shock Investigation Form
Trichinosis	Morbidity Report Form
Tuberculosis*	**Morbidity Report Form**
Tularemia	Tularemia Investigation Form
Typhoid, cases and carriers*	**Typhoid Fever Investigation Form**
Yellow Fever*	**Yellow Fever Investigation Form**

Also Reportable

*** Unusual diseases and Outbreaks of any kind to be reported immediately by telephone.**
Any sudden or extraordinary occurrence of infectious or communicable disease is also reportable.