

**State of Nevada**  
**Confidential Morbidity Report Form** Updated June 2015



WASHOE COUNTY  
 HEALTH DISTRICT  
 ENHANCING QUALITY OF LIFE

<b>Provider</b>	Attending Physician		Physician Phone	Physician Fax	
	Person Reporting / Job Title		Reporter Phone	Reporter Fax	
	Facility Name		Facility Phone	Report Date	
<b>Patient</b>	Name		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	
	Address		County	Transgender <input type="checkbox"/> No <input type="checkbox"/> Yes, MF <input type="checkbox"/> Yes, FM	
	City	State	Zip		
	Date of Birth / Age	Parent or Guardian Name		Pregnant <input type="checkbox"/> No <input type="checkbox"/> Yes	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
	Home Phone	Occupation / Employer / School		Pregnancy EDC	Primary Language Spoken
	Social Security Number	Medical Record Number			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown
Disease or Condition Name		Admission Date		Deceased <input type="checkbox"/> No <input type="checkbox"/> Yes	
Onset Date	Diagnosis Date	Discharge Date		Date of Death	
<b>Disease</b>	Symptoms				
	Was laboratory testing ordered? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach the results or provide the laboratory name if the results are unavailable</i>				
	Was the patient treated? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, provide the treatment details (drug name, dosage, duration, dates etc.)</i>				
<b>Comments</b>					

Fax Completed Carson City: (775) 887-2138 Washoe County: (775) 328-3764  
 Forms To: Clark County: (702) 759-1454 Rest of State: (775) 684-5999

# State of Nevada Confidential Morbidity Report Form Instructions

Updated June 2015



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## Disease Reporting

The Nevada Administrative Code Chapter 441A requires reports of specified diseases, foodborne illness outbreaks and extraordinary occurrences of illness be made to the local Health Authority. The purpose of disease reporting is to recognize trends in diseases of public health importance and to intervene in outbreak or epidemic situations. Physicians, veterinarians, dentists, chiropractors, registered nurses, directors of medical facilities, medical laboratories, blood banks, school authorities, college administrators, directors of child care facilities, nursing homes and correctional institutions are required to report. Failure to report is a misdemeanor and may be subject to an administrative fine of \$1,000 for each violation.

## HIPAA and Public Health Reporting

HIPAA laws were developed so as not to interfere with the ability of local public health authorities to collect information. According to 45 CFR 160.204(b): "Nothing in this part shall be construed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth, or death, public health surveillance, or public health investigation or intervention."

## Instructions for Completing the Morbidity Report Form

### Provider Information

#### Attending Physician/Phone/Fax

The physician primarily responsible for the care of this patient

#### Person Reporting/Phone/Fax

Provide if different than attending physician

#### Facility Name/Phone

List the location for facilities with multiple locations.

#### Report Date

The date that this report is submitted

### Patient Information

Sufficient information must be provided to allow the patient to be contacted. If insufficient information is provided, you will be contacted to provide that information. Attaching a patient face sheet to this report is an acceptable method of providing the patient demographic information.

#### Address/County/City/State/Zip

The home address of the patient, including the county

#### Date of Birth / Age

The patient's date of birth or age if birth date is unknown

#### Parent or Guardian Name

For patients under the age of 18, the name of the person(s) responsible for the patient

#### Phone

The home phone of the patient

#### Occupation / Employer / School

The occupation or employer of the patient, or the name of the school attended for students

#### Social Security Number

This information greatly assists in the investigation of cases, allowing easier access to laboratory and medical records

#### Medical Record Number

A patient identifier unique to the facility or office

#### Gender / Transgender

The gender of the patient, and transgender information if applicable

#### Pregnant / Pregnancy EDC

The pregnancy status of female patients and their estimated date of confinement (projected delivery date)

#### Marital Status

The marital status of the patient

#### Race / Ethnicity

Race and ethnicity categories have been chosen to match those used by

the Centers for Disease Control and Prevention

#### Primary Language Spoken

Providing this information makes it easier to contact non-English speaking patients and arrange for translators

#### Birth Country and Arrival Date

If the patient was not born in the United States, provide the patient's country of origin and date of arrival in the US

#### Incarcerated

If the patient currently incarcerated, list the facility in the comments section

### Disease Information

#### Disease or Condition Name

This form should be used for all legally reportable diseases in the state of Nevada

#### Onset Date

The date of the first symptom experienced by the patient

#### Diagnosis Date

The date that this disease was diagnosed. For reports of suspect illness, enter the date the illness was suspected

#### Date Admitted/Discharged

For any patients admitted to a hospital, the date of admission and discharge (if the patient has been discharged)

#### Deceased / Date of Death

If the patient has died, the date of death. If known, list the cause of death under comments

#### Symptoms

All relevant symptoms

#### Laboratory Testing

If laboratory testing has been ordered, please attach the laboratory results to this form. If relevant tests are pending, list them in the comments section, as well as the name of the laboratory performing the testing

#### Treatment

Treatment information is necessary for the reporting of sexually transmitted diseases, and helpful in the investigation of other illnesses. If this field is left blank, you will be contacted to provide this information

### Comments

Provide any additional information that may be useful in the investigation, or to explain answers given elsewhere on this form

## Contact Information

### Carson City Health & Human Services

900 E. Long St.  
Carson City, NV 89706  
<http://getthehealthycarsoncity.org>  
Phone: (775) 887-2190  
After-Hours Phone: (775) 887-2190  
Confidential Fax (775) 887-2138

### Nevada Division of Public and Behavioral Health

4150 Technology Way  
Carson City, Nevada 89706  
<http://health.nv.gov>  
Phone: (775) 684-5911 (24 Hours)  
Confidential Fax: (775) 684-5999  
After Hours Duty Officer: (775) 400-0333

### Southern Nevada Health District

PO Box 3902  
Las Vegas, NV 89127  
<http://www.snhd.info>  
Confidential Fax: (702) 759-1414

#### Epidemiology

Phone: (702) 759-1300 (24 hours)  
Confidential Fax: (702) 759-1414

#### STDs, HIV, and AIDS

Phone: (702) 759-0727  
Confidential Fax: (702) 759-1454

#### Tuberculosis

Phone: (702) 759-1015  
Confidential Fax: (702) 759-1435

### Washoe County Health District

1001 E. Ninth St., Building B  
P. O. Box 11130  
Reno, Nevada 89520-0027  
<http://www.washoecounty.us/health/>  
Phone: (775) 328-2447 (24 hours)  
Confidential Fax: (775) 328-3764

### Animal Control Contact Information

Click Link for Contact Sheet

## How To Report

Completed reports can be faxed to the numbers listed on the front of this form. Diseases requiring immediate investigation and/or prophylaxis (e.g. invasive meningococcal disease, plague) should be also reported by telephone to the appropriate health jurisdiction.

## Nevada Reportable Diseases

AIDS	Leptospirosis
Amebiasis	Listeriosis
Animal bite from a rabies-susceptible species*	Lyme Disease
Anthrax	Lymphogranuloma venereum
Arsenic:	Malaria
Exposures and Elevated Levels	Measles (rubeola)†
Botulism*†	Meningitis (specify type)
Brucellosis	Meningococcal Disease*
Campylobacteriosis	Mercury:
CD4 lymphocyte counts <500/μL	Exposures and Elevated Levels‡
Chancroid	Mumps
Chlamydia	Outbreaks of Communicable Disease*†
Cholera	Outbreaks of Foodborne Disease*†
Coccidioidomycosis	Pertussis
Cryptosporidiosis	Plague*†
Diphtheria†	Poliomyelitis†
Drowning‡	Psittacosis
Drug-Resistant <i>Streptococcus pneumoniae</i>	Q Fever
Invasive Disease	Rabies (human or animal)*†
Ehrlichiosis/ anaplasmosis	Relapsing Fever
<i>E. coli</i> O157:H7	Respiratory Syncytial Virus (RSV)
Encephalitis	Rotavirus
Exposures of Large Groups of People‡	Rubella (including congenital)†
Extraordinary occurrence of illness (e.g. Smallpox, Dengue, SARS)*†	Salmonellosis Severe Reaction to Immunization
Giardiasis	Shigellosis
Gonorrhea	Spotted Fever
Granuloma inguinale	Rickettsioses
Group A Streptococcal Invasive Disease	Syphilis (including congenital)
Haemophilus influenzae (invasive)	Tetanus
Hansen's Disease (leprosy)	Toxic Shock Syndrome
Hantavirus	Trichinosis
Hemolytic-uremic syndrome (HUS)	Tuberculosis†
Hepatitis A, B, C, delta, unspecified	Tularemia
HIV infection	Typhoid Fever
Influenza	Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA) and Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA)
Lead:	Infection
Exposures and Elevated Levels‡	Vibriosis, Non-Cholera
Legionellosis	Viral Hemorrhagic Fever
	West Nile Virus
	Yellow Fever
	Yersiniosis

\* Must be reported immediately

† Must be reported when suspect

‡ Reportable in Clark County Only

**All cases, suspect cases, and carriers must be reported within 24 hours**