

**State of Nevada**  
**Confidential Morbidity Report Form** Revised July 2004



<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	Pregnant <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Date of Birth / Age		Parent or Guardian Name	Pregnancy EDC	Primary Language Spoken
	Home Phone		Occupation / Employer / School	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	Birth Country and Arrival Date
	Social Security Number		Medical Record Number		Incarcerated <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Disease</b>	Disease or Condition Name		Admission Date	Deceased <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Onset Date	Diagnosis Date	Discharge Date	Date of Death	
	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 Forms To:** Clark County: (702) 383-4936  
 Washoe County: (775) 328-3764  
 Rest of State: (775) 684-5999

Nevada State Health Division  
 505 E. King Street, Room 204  
 Carson City, Nevada 89701  
 Phone: (775) 684-5911

Washoe County District Health Department  
 1001 E. Ninth Street, Bldg. B  
 P.O. Box 11130  
 Reno, NV 89520-0027  
 Phone: (775) 328-2447

Clark County Health District  
 625 Shadow Lane  
 PO Box 3902  
 Las Vegas, NV 89127  
 Phone: (702) 759-1300

# State of Nevada Confidential Morbidity Report Form Instructions

Revised July 2004



## 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

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

### 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

### 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

### Clark County Health District

625 Shadow Lane  
PO Box 3902  
Las Vegas, NV 89127  
<http://www.cchd.org>  
Phone: (702) 385-1291 (24 hours)  
Confidential Fax:  
(702) 383-4936

### Epidemiology

Phone: (702) 759-1300 (24 hours)  
Confidential Fax:  
(702) 383-4936

### HIV/AIDS

Phone: (702) 759-0702  
Confidential Fax:  
(702) 868-2825

### STDs

Phone: (702) 759-0771  
Confidential Fax:  
(702) 383-1446

### Tuberculosis Clinic

Phone: (702) 759-1369  
Confidential Fax:  
(702) 633-0975

### Nevada State Health Division

505 E. King Street, Room 204  
Carson City, Nevada 89701  
<http://health2k.state.nv.us/>  
Phone: (775) 684-5911  
After-Hours Phone:  
(775) 684-5900  
Confidential Fax:  
(775) 684-5999

### Washoe County District Health Department

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

## 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  
Amebiasis  
Animal bite from a rabies-susceptible species\*  
Anthrax  
Botulism\*†  
Brucellosis  
Campylobacteriosis  
Chancroid  
Chlamydia  
Cholera  
Coccidioidomycosis  
Cryptosporidiosis  
Diphtheria†  
E. coli 0157:H7  
Encephalitis  
Extraordinary occurrence of illness (e.g. Smallpox, Dengue, SARS)\*†  
Foodborne disease outbreak\*†  
Giardiasis  
Gonorrhea  
Granuloma inguinale  
Haemophilus influenzae (invasive)  
Hansen's Disease (leprosy)  
Hantavirus  
Hemolytic-uremic syndrome (HUS)  
Hepatitis A, B, C, delta, unspecified  
HIV infection  
Influenza  
Legionellosis  
Leptospirosis  
Listeriosis  
Lyme Disease  
Lymphogranuloma venereum  
Malaria  
Measles (rubeola)†  
Meningitis (specify type)  
Meningococcal Disease\*  
Mumps  
Pertussis  
Plague\*†  
Poliomyelitis  
Psittacosis  
Q Fever  
Rabies (human or animal)\*†  
Relapsing Fever  
Respiratory Syncytial Virus (RSV)  
Rocky Mountain Spotted Fever  
Rotavirus  
Rubella (including congenital)†  
Salmonellosis  
Severe Reaction to Immunization  
Shigellosis  
Syphilis (including congenital)  
Tetanus  
Toxic Shock Syndrome  
Trichinosis  
Tuberculosis†  
Tularemia  
Typhoid Fever  
West Nile Virus Infection  
Yersiniosis

\* Must be reported immediately  
† Must be reported when suspect

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