

Utah County Health Department

151 South University Ave. Ste 2204 Provo, UT 84601

Phone: (801) 851-7037 Confidential Fax: (801) 851-7539

**Health Department****CONFIDENTIAL CASE REPORT****MORBIDITY CARD**

Last Name:		First Name:		Date of Birth:		Age:	
Address:				City:		State:	Zip:
County:		Phone #1:		Phone #2:			
Gender: <i>(check one)</i> <input type="checkbox"/> M <input type="checkbox"/> F		Race: <i>(check all that apply)</i> <input type="checkbox"/> White <input type="checkbox"/> Black/Af. Am <input type="checkbox"/> American Indian <input type="checkbox"/> Unknown <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander			Ethnicity: <i>(check one)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown		
Disease:				Date of Onset:			
Laboratory Results/Serotype:			Specimen Source:		Date of Lab Test:		
Name of Laboratory:				Phone:			
Name of Attending Physician:				Phone:			
Hospitalized? <input type="checkbox"/> Y <input type="checkbox"/> N	Where?			Date Hospitalized:			
Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N	EDC:						
Died? <input type="checkbox"/> Y <input type="checkbox"/> N	Cause of Death:			Date Expired:			
Food Handler? <input type="checkbox"/> Y <input type="checkbox"/> N	Where?						
Health Care Provider? <input type="checkbox"/> Y <input type="checkbox"/> N	Where?			Position/Title:			
Day Care Center? <input type="checkbox"/> Y <input type="checkbox"/> N	Address/Phone:			Attend or Employed?			
Treatment & Dosage Given:				Date:			
Notes:							
*Name of Person Reporting:				*Date Reported:			
Agency:				*Phone:			

A completed form may be mailed, faxed, or emailed to our confidential site.

The information may also be called in. A detailed message may be left on our confidential voice mail.

Phone with confidential voice mail

851-7037

851-7057

851-7023

Fax

801-851-7539

Website
www.utahcountyonline.org/Dept2/Health/Nursing/Epi.asp
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