CONFIDENTIAL MORBIDITY REPORT FOR ANIMAL PATIENTS

DISEASE BEING REPORTED

OWNER OR RESPONSIBLE PARTY

Owner/Contact Name			*Owner/Contact Telephone Number*
Business/Agency Name			*Business/Agency Telephone Number*
Address: Number, Street		*Apt./Unit No.*	*Business/Agency Fax Number*
City	*State*	*ZIP Code*	*Email Address*

ANIMAL PATIENT

Animal Name or Identification Code			*Date of Illness Onset (mm/dd/yyyy)*
Species	*Breed*		*Date of First Specimen Collection (mm/dd/yyyy)*
Color	*Sex* ☐ Male ☐ Female ☐ Unknown	*Reproductive Status* ☐ Intact ☐ Neutered/Spayed ☐ Unknown	*Date of Diagnosis (mm/dd/yyyy)*
Age	*Ownership Status* ☐ Pet ☐ Stray ☐ Feral ☐ Livestock ☐ Wild, unowned ☐ Wild, captive ☐ Unknown		*Date of Death (mm/dd/yyyy)*
Address where Located or Recovered: Number, Street			
City	*State*	*ZIP Code*	

REPORTING AGENCY OR FACILITY

Reporting Individual Name			*Telephone Number*
Occupation			*Fax Number*
Reporting Agency or Facility Name			*Email Address*
Address: Number, Street		*Suite/Unit No.*	*Submitted by*
City	*State*	*ZIP Code*	*Date Submitted (mm/dd/yyyy)*

LABORATORY

Laboratory Name			*Telephone Number*
City	*State*	*ZIP Code*	*Fax Number*

REMARKS

Remarks

REPORT TO:

Placer County Health and Human Services
Public Health Division - Communicable Disease
11572 B Ave.
Auburn, CA 95603
Phone: (530) 889-7183
(530) 889-7274 after-hours
(888) 822-7274 toll free
Fax: (530) 886-2945

(Obtain additional forms from your local health department.)

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions*

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

✆ ! = Report immediately by telephone (designated by a ♦ in regulations).
† = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations.)
✆ = Report by telephone within one working day of identification (designated by a + in regulations).
FAX ✆ ✉ = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
= All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)

FAX ✆ ✉ Amebiasis
Anaplasmosis
✆ ! Anthrax, human or **animal**
FAX ✆ ✉ Babesiosis
✆ ! Botulism (Infant, Foodborne, Wound, Other)
Brucellosis, **animal** (except infections due to *Brucella canis*)
✆ ! Brucellosis, human
FAX ✆ ✉ Campylobacteriosis
Chancroid
FAX ✆ ✉ Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)
Chlamydia trachomatis infections, including lymphogranuloma venereum (LGV)
FAX ✆ ✉ Chikungunya Virus Infection
✆ ! Cholera
✆ ! Ciguatera Fish Poisoning
Coccidioidomycosis
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
FAX ✆ ✉ Cryptosporidiosis
Cyclosporiasis
Cysticercosis or taeniasis
✆ ! Dengue Virus Infection
✆ ! Diphtheria
✆ ! Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
Ehrlichiosis
FAX ✆ ✉ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
✆ ! *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157
✆ ! Flavivirus infection of undetermined species
† FAX ✆ ✉ Foodborne Disease
Giardiasis
Gonococcal Infections
FAX ✆ ✉ *Haemophilus influenzae,* invasive disease, all serotypes (report an incident of less than five years of age)
FAX ✆ ✉ Hantavirus Infections
✆ ! Hemolytic Uremic Syndrome
FAX ✆ ✉ Hepatitis A, acute infection
Hepatitis B (specify acute case or chronic)
Hepatitis C (specify acute case or chronic)
Hepatitis D (Delta) (specify acute case or chronic)
Hepatitis E, acute infection
Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS)
✆ Human Immunodeficiency Virus (HIV), acute infection
Influenza, deaths in laboratory-confirmed cases for age 0-64 years
✆ ! Influenza, novel strains (human)
Legionellosis
Leprosy (Hansen Disease)
Leptospirosis
FAX ✆ ✉ Listeriosis
Lyme Disease
FAX ✆ ✉ Malaria
✆ ! Measles (Rubeola)
FAX ✆ ✉ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
✆ ! Meningococcal Infections
Mumps
✆ ! Novel Virus Infection with Pandemic Potential
✆ ! Paralytic Shellfish Poisoning
FAX ✆ ✉ Pertussis (Whooping Cough)
✆ ! Plague, human or **animal**
FAX ✆ ✉ Poliovirus Infection
FAX ✆ ✉ Psittacosis
FAX ✆ ✉ Q Fever
✆ ! Rabies, human or **animal**
FAX ✆ ✉ Relapsing Fever
Respiratory Syncytial Virus (only report a death in a patient less than less than five years of age)
Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses
Rocky Mountain Spotted Fever
Rubella (German Measles)
Rubella Syndrome, Congenital
FAX ✆ ✉ Salmonellosis (Other than Typhoid Fever)
✆ ! Scombroid Fish Poisoning
✆ ! Shiga toxin (detected in feces)
FAX ✆ ✉ Shigellosis
✆ ! Smallpox (Variola)
FAX ✆ ✉ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
FAX ✆ ✉ Syphilis
Tetanus
FAX ✆ ✉ Trichinosis
FAX ✆ ✉ Tuberculosis
Tularemia, **animal**
✆ ! Tularemia, human
FAX ✆ ✉ Typhoid Fever, Cases and Carriers
FAX ✆ ✉ *Vibrio* Infections
✆ ! Viral Hemorrhagic Fevers, human or **animal** (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
FAX ✆ ✉ West Nile Virus (WNV) Infection
✆ ! Yellow Fever
FAX ✆ ✉ Yersiniosis
✆ ! Zika Virus Infection
✆ ! OCCURRENCE of ANY UNUSUAL DISEASE
✆ ! OUTBREAKS of ANY DISEASE (Including diseases not listed in **§ 2500**). Specify if institutional and/or open community.

HIV REPORTING BY HEALTH CARE PROVIDERS §2641.30-2643.20

Human Immunodeficiency Virus (HIV) infection at all stages is reportable by traceable mail, person-to-person transfer, or electronically within seven calendar days. For complete HIV-specific reporting requirements, see Title 17, CCR, §2641.30-2643.20 and http://www.cdph.ca.gov/programs/aids/Pages/tOAHIVRptgSP.aspx

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812)

Pesticide-related illness or injury (known or suspected cases)**

Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix) (§2593)***

LOCALLY REPORTABLE DISEASES (If Applicable):

Latent Tuberculosis Infection (LTBI) in children < 5 years old.

* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health & Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).
** Failure to report is a citable offense and subject to civil penalty ($250) (Health and Safety Code §105200).
*** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: www.ccrcal.org.