

Utah Public Health Confidential Morbidity Report

The Utah Administrative Code chapter R386-702 requires reporting of suspect and confirmed cases of specified diseases, outbreaks, and unusual occurrences of diseases to public health. For specific details on what is reportable, who is required to report, and reporting timelines, please see the information at <http://health.utah.gov/epi/reporting>.

Confidential Morbidity Reports can be submitted to your local health department or to the Utah Department of Health, Bureau of Epidemiology – fax (801) 538-9923.

Patient Information				
<i>A patient face sheet with demographic information is an acceptable substitute for filling out this section.</i>				
Last Name:	First Name:	Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Name:	City:	State:	Zip Code:	County:
Phone Number:	Parent or Guardian Name (if minor):			
Race (select all that apply): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-hispanic or Latino		
<input type="checkbox"/> Black/African American <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander				
Diagnostic Information				
Reportable Disease:			Onset Date:	
Diagnosing Facility:		Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Visit/Admission Date:
Attending Physician:		Has the patient been notified of the diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone Number:				
Laboratory Information				
<i>If laboratory testing has been performed, please attach all relevant testing results. Laboratory test results are an acceptable substitute for filling out this section.</i>				
Performing Laboratory:		Specimen Source:		Specimen Collection Date:
Diagnostic Test (culture, PCR, antibody, etc.)	Result	Result Value/Units	Reference Range	
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal <input type="checkbox"/> Other			
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal <input type="checkbox"/> Other			
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal <input type="checkbox"/> Other			
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal <input type="checkbox"/> Other			
Reporter Information				
Reporting Facility/Agency:		Name of Person Reporting:		Report Date:
		Phone Number:		
Comments:				



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Bureau of Epidemiology | P.O. Box 142104 SLC, UT 84114 | 801-538-6191
Disease Reporting 24/7 1-888-EPI-UTAH | Fax 801-538-9923 | Email reporting@utah.gov*

*UDOH has an application for secure email submission. Call (801) 538-6191 for access.