

MAIL THE TOP TWO COPIES TO YOUR <u>LOCAL</u> HEALTH DEPARTMENT				
VIRGINIA DEPARTMENT OF HEALTH Confidential Morbidity Report				
Patient's Name (Last, First, Middle Initial):		SSN: _____-_____-_____		
Patient's Address (Street, City or Town, State, Zip Code):		Home #: () _____-_____		
		Work #: () _____-_____		
		City or County of Residence		
Date of Birth: (mm/dd/yyyy)	Age:	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
DISEASE OR CONDITION:		Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Death: <input type="checkbox"/> Yes <input type="checkbox"/> No Death Date:	
Date of Onset:	Date of Diagnosis:	Influenza: (Report # and type only. No patient identification) Number of Cases: Type, if Known:		
Physician's Name:		Phone: ())		
Address:				
Hospital Admission? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hospital Name:		
Date of Admission:		Medical Record Number:		
Laboratory Information and Results				
Source of Specimen:		Date Collected:		
Laboratory Test and Findings:				
Name/Address of Lab:				
CLIA Number:				
Other Information				
Comments: (e.g., Risk situation [food handling, patient care, day care], Treatment [including dates], Immunization status [including dates], Signs/Symptoms, Exposure, Outbreak Associated, etc.)				
Name, Address, and Phone Number of Person Completing this Form:		Date Reported:		
		Check here if you need more of these forms, or call your local health department. <input type="checkbox"/> (Be sure your address is complete.)		
For Health Department Use				
		Date Received:		
		NEDSS Patient ID:		

Please complete as much of this form as possible

Form Epi-1, 10/07

Please fax to Henrico Health Department
EPI FAX (804) 501-4108