

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, see the information at <https://epi.utah.gov/disease-reporting/>.

Confidential morbidity reports can be submitted to your local health department or to the Utah Department of Health and Human Services Office of Communicable Diseases—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: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Parent or guardian name (if minor):		
Race (select all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-hispanic or Latino	
Diagnostic information				
Reportable disease:		Onset date:		
Diagnosing facility:		Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Visit/admission date:	
Attending physician:		Phone number:	Has the patient been notified of the diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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:	Phone number:	Report date:	
Comments:				