

**NORTH DAKOTA MORBIDITY REPORT**

North Dakota Department of Health

Division of Disease Control

SFN 7630 (Rev 01-2011)

See other side for listing of reportable conditionsConfidentiality Protected by North Dakota
Century Codes 23-07-02.1 and 23-07-02.2

Disease or Condition		Last Name		First Name		Date of Onset (M/D/Y)	
Date of Birth:		Telephone No.		Race	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic	Gender M / F	Marital Status M / S
Street Address				City		State	Zip Code
Treatment (if applicable)		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Care Provider			Outcome <input type="checkbox"/> Survived <input type="checkbox"/> Died	
Was Patient Hospitalized? <input type="checkbox"/> No <input type="checkbox"/> Yes-Name of Hospital:		Date Admitted (M/D/Y)	Date Discharged (M/D/Y)		Specimen Source:		
Has Diagnosis Been Confirmed by Laboratory Test? <input type="checkbox"/> No <input type="checkbox"/> Yes-Name of Lab:		Name of Test:			Date Specimen Collected (M/D/Y)		
		Result:					
Reason Test Conducted: <input type="checkbox"/> Infection <input type="checkbox"/> Screen <input type="checkbox"/> Other (specify _____)				Is Isolate Resistant to Any Antimicrobial Agent? <input type="checkbox"/> No <input type="checkbox"/> Yes-Type of Antimicrobial:			
Was sample submitted to the Division of Laboratory Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes was sample: <input type="checkbox"/> Original Material <input type="checkbox"/> Serum <input type="checkbox"/> Pure Isolate (Specific Agent Identified) _____							
Person Reporting		Address/Facility				Telephone Number	
Cancer Site		Date Cancer Diagnosed (M/D/Y)		Cancer Histology			
Comments							