



GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
 BUREAU OF COMMUNICABLE DISEASE CONTROL
 MORBIDITY REPORT: EPIDEMIOLOGIST

Date of Report (mm/dd/yyyy): ____ / ____ / ____

DISEASE	SPECIMEN SITE	<input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed
PATIENT INFORMATION AND DEMOGRAPHICS		
Patient Name (Last Name, First Name) – Include parent/guardian’s name if patient is <18yrs of age		
DOB	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Other <i>If female, currently pregnant?</i> <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Ethnicity	Status*	Village
Residential Address		
Home Telephone	Cell Phone	E-mail Address
Employer	Occupation	
SYMPTOMS AND TREATMENT		
Symptom status	<input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Unknown <i>If symptomatic, date of onset: ____ / ____ / ____</i>	
	YES	NO UNK SPECIFY
Fever >100.4°F (38°C)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Treatment	Treatment Date	
Number of partners	Number of partners treated	
REPORTER INFORMATION		
Reporting Facility	Physician	
Reported By	Contact Information	

*STATUS CODE: C – Civilian, M – Military, D – Military Dependent, N – Medical Referral, T – Tourist/Visitor, U – Unknown

10 GCA §3302 REQUIRES REPORTING OF ALL INFECTIOUS DISEASES

PLEASE COMPLETE THIS FORM AND SUBMIT TO DPHSS

Telephone Reports: Weekdays 8AM to 5PM 671-300-5899/ 300-5876 or 300-6213

Fax Reports 24 hour 671-300-5566 or 734-1475

Email: dphss.surveillance@dphss.guam.gov

Notes