



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 <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<i>If female, currently pregnant?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Ethnicity		Status*		
Residential Address – Please do not include PO Boxes.			Village	
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>
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 671.300.5898 / 6204 / 6205
After hours/Weekends: Emergency Telephone: 671.888.WARN (9276) or 671.787.6890

Fax Reports 24 hour 671.300.5566 / 671.734.1475

NOTES