



NORTH DAKOTA MORBIDITY REPORT
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DISEASE CONTROL AND FORENSIC PATHOLOGY
 SFN 7630 (6-2023)

Patient Demographic Information

Last Name: _____ First Name: _____ Date of Birth: _____
 Street Address: _____ City: _____ State: _____
 Zip Code: _____ County: _____ Telephone No: _____
 Email Address: _____ Country of Birth: _____
 Gender: Male Female Unk Other: _____ Hispanic/Latino?: Y N Unk
 Race: White American Indian Asian Black Pacific Islander Unk Other: _____
 Married?: Y N Unk Pregnant?: Y N Unk Due Date: _____
 Occupation: _____ Place of Work/School/Child Care: _____
 Hospitalized?: Y N Unk Hospital Name: _____
 Admit Date: _____ Discharge Date: _____ Died due to this illness?: Y N

Disease and Laboratory Information

Disease: _____ Onset Date: _____ Report Date: _____
 Person Reporting: _____ Facility: _____ Telephone No: _____
 Physician/PA/NP Name: _____ Has Diagnosis Been Confirmed by Lab Test?: Y N
 Type of Treatment: _____ Treatment Start Date: _____
 Laboratory: _____ Name of Test: _____ Result: _____
 Date Specimen Collected: _____ Specimen Source: _____ Result Date: _____
 Is Isolate Resistant to Any Antimicrobial Agent?: N Y Unk – Type of Antimicrobial: _____
 Comments: _____

Use this form to report (if red, report immediately): Acute Flaccid Myelitis, Anaplasmosis, **Anthrax**, Arboviral infection (other), Babesiosis, **Botulism**, **Brucellosis**, Campylobacteriosis, *Candida auris*, Carbapenem-resistant organisms, Chickenpox (varicella), Chikungunya virus disease, Chlamydial infection, **Cholera**, **Cluster of severe or unexplained illnesses and deaths**, Coccidioidomycosis, Creutzfeldt-Jakob disease, Cryptosporidiosis, Cyclosporiasis, Dengue, **Diphtheria**, **Eastern equine encephalitis**, *E. coli* (Shiga toxin-producing), Ehrlichiosis, **Foodborne/waterborne outbreaks**, Giardiasis, **Glanders**, Gonorrhea, *Haemophilus influenzae* (invasive), **Hantavirus**, **Hemolytic uremic syndrome**, **Hepatitis A**, Hepatitis B, Hepatitis C, Hepatitis D, Hepatitis E, HIV/AIDS infection, Influenza, Jamestown Canyon virus disease, **Laboratory incidents with possible release of category A agents or novel influenza virus**, La Crosse encephalitis, Legionellosis, Leptospirosis, Listeriosis, Lyme disease, Malaria, **Measles**, **Melioidosis**, **Meningococcal disease (invasive)**, **Mumps**, **Nipah virus infections**, Nosocomial outbreaks, **Novel severe acute respiratory illness**, Pertussis, **Plague**, **Poliomyelitis**, Powassan virus disease, Pregnancy in person infected with hepatitis B or HIV, **Q fever**, **Rabies**, Rocky Mountain spotted fever, **Rubella**, Salmonellosis, Scabies outbreaks in institutions, Shigellosis, **Smallpox**, **Staphylococcus aureus (VRSA and VISA) – any site**, **Staphylococcus enterotoxin B intoxication**, St. Louis encephalitis, *Streptococcus pneumoniae* infection (invasive), Syphilis, Tetanus, Tickborne disease (other), Trichinosis, **Tuberculosis**, **Tularemia**, **Typhoid fever**, **Unexplained or emerging critical illness/death**, Vibriosis, **Viral hemorrhagic fevers**, **Weapons of Mass Destruction suspected event**, Western equine encephalitis, West Nile virus, **Yellow fever**, Zika virus.

How to Report:

- Secure website: www.ndhealth.gov/disease/reportcard/
- Telephone: 701-328-2378 or 800-472-2180
- Secure Fax: 701-328-0355
- Electronic Laboratory Report