

Los Angeles County  
Phone: (213)744-6160  
Fax: (213)749-0926

# Confidential Morbidity Report of Tuberculosis Suspects & Cases

Department of  
Public Health  
Rev: 7/06

Under California law, all TB suspects and cases must be reported within **one** working day

Patient's Last Name	First	Middle	Date of Birth / /	Age	Sex	Patient's SS#
Patient's Address	City	State	Zip	County	Phone ( ) -	
Occupation	Country of Birth	Date Arrived in U.S. / /	Medical Record Number			

(mark one) **Race:**  White  Black  Asian spec. \_\_\_\_\_  Pacific Islander spec. \_\_\_\_\_  Alaska Native  American Indian  
(mark one) **Ethnicity:**  Hispanic  Non-Hispanic

Previous TB Skin Test: Date: ___/___/___ mm of induration	Chest X-ray date: ___/___/___ <input type="checkbox"/> Normal <input type="checkbox"/> Cavitory <input type="checkbox"/> Non-Cavitory	<input type="checkbox"/> Check here if Reporting a Skin Test Reactor age 3 and under <b>only</b>
Current TB Skin Test: Date: ___/___/___ mm of induration	Impression: _____ _____	

Complete for TB Suspect/Case Only

**Active Disease**

**Site of Disease**

- TB Suspect  Pulmonary TB  
 TB Case  Extra-pulmonary TB Specify Site: \_\_\_\_\_

Cough and/or Sputum production <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Onset / /	Date of Diagnosis / /	Date of Death / /
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**Bacteriology**

Not Done

Date Collected	Specimen Type	Smear AFB	Culture MTB

**Treatment**

Not Started

Drug	Dose	Start Date
INH		
Rifampin		
EMB		
PZA		
Rifamate®		
Rifater®		
Other		

Lab Name: \_\_\_\_\_

Phone: ( ) -

**Remarks:**

**For the TB Control Use**

- New or  Open  
DP#: \_\_\_\_\_  
 Close date \_\_\_\_\_  
 Conf. date \_\_\_\_\_  
 TB or  PMD  
 Faxed date \_\_\_\_\_  
 Faxed date \_\_\_\_\_  
cc: \_\_\_\_\_

Reporting Health Care Provider	Telephone Number ( )	Fax Number ( )
Reporting Health Care Facility Address	Submitted By	Date Submitted

County of Los Angeles ☆ Department of Public Health

**Tuberculosis Control Program**

2615 S. Grand Ave., Room 507 Los Angeles, CA 90007

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**WHY DO YOU REPORT?**

Because it is required! Reporting of all patients with ***confirmed*** or ***suspect*** Tuberculosis is mandated by State Health and Safety Codes (HSC) Section 121362 and Title 17, Chapter 4, Section 2500 and must be done within ***one working day of diagnosis***. HSC Section 121361 also mandates that prior to discharge, all tuberculosis suspects and cases in hospitals and prisons have an individualized, written discharge plan approved by the Local Health Officer (i.e. TB Controller).

**WHO MUST REPORT?**

1. All health care providers (including administrators of health care facilities and clinics) in attendance of a patient suspected to have or confirmed with active tuberculosis must report within ***one working day*** from the time of identification.
2. The director of any clinical lab or designee must report laboratory evidence suggestive of tuberculosis to the Health Department on the same day that the physician who submitted the specimen is notified (California Code of Regulations Section 2505).

**WHEN DO YOU REPORT?**

1. When the following conditions are present:
  - ☆ signs and symptoms of tuberculosis are present, and /or
  - ☆ the patient has an abnormal chest x-ray consistent with tuberculosis, or
  - ☆ the patient is placed on two or more anti-TB drugs
2. When bacteriology smears or cultures are positive for acid fast bacilli (AFB).
3. When the patient has a positive culture for ***M.tuberculosis complex (i.e., M.tuberculosis, M.bovis, M.canettii, M.africanum, M.microti)***
4. When a pathology report is consistent with tuberculosis.
5. When a patient ***age 3 years*** or younger has a positive Tuberculin skin test and normal CXR.

**DELAY OR FAILURE TO REPORT:**

Delay or failure to report communicable diseases has contributed to serious consequences in the past. Under the ***California Code of Regulations***, Title 16 (section 1364.10), failure to report a communicable disease is a violation of State regulations subject to a citation(s) and monetary fine(s).

The Medical Board of California determined failure to report in a timely manner a citable offense under ***California Business and Professions Code*** (Section 2234), "Unprofessional Conduct."

**HOW DO YOU REPORT?**

The Confidential Morbidity Report (CMR) form on the other side is to be completed in its entirety and submitted to Tuberculosis Control:

1. ***BY FAX:*** (213) 749-0926
  2. ***BY PHONE:*** (213) 744-6160
- After hours, leave your name, phone or pager #, patient name, DOB and medical record number on voicemail.