

Report to California DMV

CONFIDENTIAL MORBIDITY REPORT

NOTE: This form is not intended for reporting STDs, HIV, AIDS or TB. See comments below



COUNTY OF LOS ANGELES
DEPT. OF HEALTH SERVICES
PUBLIC HEALTH
313 N. Figueroa St., Rm. 117
Los Angeles, CA 90012
888-397-3993 (tel.)
888-397-3778 (fax.)

DISEASE BEING REPORTED:

Disease being reported:

- Seizure
- Syncope
- Dementia
- Other Lapse in Consciousness

| | | | |
|--|--|-------------------------|----------|
| Patient's Last Name: | | Social Security Number | |
| First Name and Middle Name (or initial): | | Birthdate (MM/DD/YYYY): | Age: |
| Address (Street and number): | | | |
| City/Town: | | State: | Zip Code |
| Home Telephone Number: () | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female → Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Estimated Delivery Date (MM/DD/YYYY): | | |
| Work Telephone Number: () | | | |

Patient's occupation involves operating a motor vehicle

- Yes (describe) _____
- No

Was patient informed not to operate a motor vehicle?

- Yes
- No

| | |
|---|---|
| Date of Onset (MM/DD/YYYY): _/_/____ | Health Care Provider: |
| Date of Diagnosis (MM/DD/YYYY): _/_/____ | Health Care Facility: Harbor-UCLA Med Center |
| Date of Hospitalization (MM/DD/YYYY): _/_/____ | Address: 1000 W. Carson Street, Box 21 |
| Date of Death (MM/DD/YYYY): _/_/____ | City: Torrance, CA 90509 |
| | Telephone: 310-222-3514 |
| | FAX: |
| | Submitted by: |
| | Date CMR submitted (MM/DD/YYYY): _/_/____ |

Fax this report to: 1-310-615-3582

Or Send to:

Driver Safety Office

390 N. Sepulveda Blvd. Suite 2075

El Segundo, CA 90245