

## Texas Department of Health Natural Disaster Morbidity Report

Facility/Practice Name: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Date: \_\_\_\_\_

(Start of 24 hr period)

**Type of Provider:**

Hospital Emergency Room

Private Provider

Community Health Center

Public Health Center

Immediate/Urgent Care Center

Other: \_\_\_\_\_


*You may indicate by number or tally mark the number of times you have treated each of the conditions listed below. Note that one patient may be counted in multiple categories. Please submit one form per 24 hr period.*

*Use an asterisk (\*) to annotate a condition seen in a worker responding to the disaster.*

This report reflects:

Whole Numbers  
example: (4), (2)

Tally Marks  
example: (IIII), (II)

<u>Condition</u>	<u>Number</u>	<u>Condition</u>	<u>Number</u>
<b><u>Cardiac</u></b>		<b><u>Injury/Trauma</u></b>	
Chest pain		Burn	
MI		Contusion	
Other cardiac event		Carbon monoxide poisoning	
		DOA	
<b><u>Dermatological</u></b>		Eye Injury	
Bite, Animal		Fracture	
Bite, Insect (non-mosquito)		Head injury	
Bite, Mosquito		Heat injury	
Bite, Snake		Laceration	
Bite, Spider		Near drowning/submersion	
Cellulitis		Poisoning	
Dermatitis		Puncture Wound	
Rash with fever		Sprain	
Rash without fever		Other injury/trauma	
Other skin condition			
		<b><u>Neurological</u></b>	
<b><u>Eyes/Ear/Nose/Throat</u></b>		Encephalitis	
Allergy		Headache	
Ear infection		Meningitis	
Eye infection		Mental health/stress-related	
Pharyngitis		Other Neuro condition	
Sinus infection			
Other EENT condition		<b><u>Respiratory</u></b>	
		Upper respiratory condition	
<b><u>Gastrointestinal</u></b>		Lower respiratory condition	
Vomiting		Other respiratory	
Diarrhea			
Pain		<b><u>Number of Disaster-Related Admissions?</u></b>	
Other GI condition			

**An \* annotates a condition seen in a worker responding to the disaster**