



REPORTABLE COMMUNICABLE DISEASE NOTIFICATION FORM

Disease:	Reporting Agency:
Test type:	Source type:
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending	Collection date:

Positive TST/Mantoux Positive

Date administered: _____ Date read: _____ Result: _____ (mm of induration)
 Location: Lt Rt Forearm Other (specify) _____ Lot# _____ Expiry: _____

Client Information

Last name:	First name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Health card number:	DOB:	
Address:	City/Town:	Postal Code:
Telephone Home:	Cell:	Employer:
Physician (involved with direct care):		Phone:
Other Physician (Family/Physician/Specialist):		Phone:

Clinical Information (if known)

<input type="checkbox"/> Arrived by EMS Date: _____	<input type="checkbox"/> Outpatient visit: _____ <input type="checkbox"/> ER visit <input type="checkbox"/> Clinic visit: _____	Date of visit: _____ Date of visit: _____ Date of visit: _____
<input type="checkbox"/> Hospitalized Date of admission: _____ Date of discharge: _____		
<input type="checkbox"/> Airborne isolation <input type="checkbox"/> Droplet isolation <input type="checkbox"/> Contact isolation Isolation start date: _____		
Clinical signs and symptoms:		Date of onset: _____
Risk factors: <input type="checkbox"/> Alcohol misuse <input type="checkbox"/> Drug misuse <input type="checkbox"/> Pregnant <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Travel <input type="checkbox"/> Under housed/homeless <input type="checkbox"/> Other: _____		
Notes:		

Treatment related to communicable disease (dosage, route, frequency, duration):

1.	Date started: _____	Date d/c: _____
2.	Date started: _____	Date d/c: _____
3.	Date started: _____	Date d/c: _____

REPORTED BY: _____ **Tel #:** _____ **DATE:** _____

Personal health information collected on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990 c. H. 7. The information is used to investigate communicable disease events and to control and prevent the spread of communicable /infectious diseases. Questions about this collection can be directed to the NEPH Manager (169 Pine Street South, Timmins, Ontario, P4N 2K3) or by phone at 1-877-442-1212. This facsimile transmission is intended for the addressee indicated above. It may contain information that is privileged, confidential, or otherwise protected from disclosure. Any review, dissemination or use of this information or contents by persons other than the addressee is strictly prohibited.

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