Southwestern Public Health
Oxford • Elgin • St.Thomas

NOTIFICATION OF DEATH OR COMPLICATION RELATED TO A REPORTABLE DISEASE

Fax completed form to Southwestern Public Health
St. Thomas Site: 519-633-0468 Woodstock Site: 519-539-6206

DISEASE/DIAGNOSIS:	
DATE OF REPORT:	
REPORTING PERSON'S NAME & DESIGNATION:	
REPORTING PERSON'S PHONE NUMBER:	

PATIENT DEMOGRAPHICS

Patients Name, Last first Gender:

Date of Birth (yyyy/mm/dd): Phone #:

Address (street, city, postal code):

LABORATORY RESULTS/DIAGNOSTICS

Type of Specimen(s) Collected: Please choose Please choose Other

Date of Collection: Results: Date of Results.

Other Tests/Results:

HOSPITALIZATION

Emergency Room Visit: ☐ Yes ☐ No Hospitalized: ☐ Yes ☐ No

Name of Hospital: Admission Date:

Most Responsible Physician: Discharge Date

COMPLICATIONS

☐ ARDS ☐ Encephalitis ☐ Pneumonia ☐ Toxic Shock ☐ Other:

☐ Arthritis ☐ Meningitis ☐ Organ Failure ☐ Soft Tissue Necrosis

☐ Bell's Palsy ☐ MIS ☐ Septic Shock ☐ Death

OUTCOME

Recovered, date:

Discharge Summary Available?
☐ Yes ☐ No

Fatal, if yes: Date of death:. ☐ n/a

Discharge Diagnosis:

Cause of Death: ☐ n/a

☐ Reportable disease was the underlying cause of death

☐ Reportable disease was a contributing cause of death

☐ Reportable disease was unrelated to the cause of death

Death Certificate Available?
☐ Yes ☐ No ☐ n/a