



REPORTABLE DISEASE NOTIFICATION FORM

Fax completed form to Southwestern Public Health 519-631-1682

Call 1-800-922-0096 ext. 0 after-hours, weekend and holidays to report any disease that requires immediate reporting by phone. Call 1-800-922-0096 EXT 3500, Monday - Friday 8:30 - 4:30

Confirmed Case Suspect/Probable Case New Report Update

DISEASE/DIAGNOSIS:		DATE & TIME OF REPORT:	
REPORTED BY:	Physician Hospital Lab Other		
REPORTING PERSON'S NAME & CONTACT INFORMATION:			
PATIENT DEMOGRAHPICS INFORMATION:			
Patient Name (last, first):			
Date of Birth (yyyy/mm/dd):		Phone #	
Address (street, city, postal code):			
Occupation:		Workplace	
Emergency Contact:		Emergency Phone #:	
Family Physician		Family Physician Phone #	
PATIENT LAB RESULTS (Please attach lab results, radiologist reports etc.)			
Type of Specimen(s) Collected:		Date of Collection:	
Results:		Date of Results:	
Other test results			
PATIENT CLINICAL INFORMATION			
Signs & Symptoms / Onset date:			
Recent travel? YES NO Travel details/ Date			
Immunization History? Fully Immunized Partially Immunized			
Notes			
Emergency Room Visit: Yes No		Hospitalization Required Yes No	
Name of Hospital		Admit Date	D/C date
Most Responsible Physician			
<small>Personal information collected on this form is collected by law under the Health Protection and Promotion Act and Personal Health Information Protection Act. Any questions about the collection of this information should be directed to: SWPH Privacy Officer, Southwestern Public Health 1230 Talbot Street, St. Thomas, ON N5P 1G9, (519) 631-9900; Fax: (519) 631-1682</small>			