REPORTABLE DISEASE NOTIFICATION FORM

Fax completed form to Southwestern Public Health
St. Thomas Site: 519-631-1682
Woodstock Site: 519-539-6206

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 DEMOGRAPHIC INFORMATION

Patient Name (first, last):

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 Tests/Results:

PATIENT CLINICAL INFORMATION

Signs & Symptoms: Onset Date(s):

Underlying Conditions & Other Relevant Risk Factors: Treatment Details:

Emergency Room Visit: Yes No Hospitalization Required: Yes No

Name of Hospital: Admit Date/Discharge Date:

Most Responsible Physician:

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