

Fax to: Northeastern Public Health
Medical Officer of Health
Confidential Fax: 705-360-7324
(Please include lab result if available)



Northeastern
PUBLIC HEALTH
SANTÉ PUBLIQUE
du Nord-Est

Reportable Communicable Diseases Notification Form

Disease: _____ Reporting Agency: _____

Test Type: _____ Collection Date: _____

Positive TST / Mantoux Positive

Date Administered: _____ Date Read: _____ Result: _____ (mm of induration) Lot: _____

Client Information

Last Name: _____ First Name: _____

Date of Birth: (yyyy-mm-dd) _____ Sex: Male ___ Female ___ Other _____

Address: _____ City/Town: _____ Postal Code: _____

Contact Numbers: _____

Physician Involved with Direct Care: _____ Contact Number: _____

Clinical Information

ER Visit ___ Date of Visit: _____ Arrived by EMS ___ Hospitalization Date: _____ Discharge Date: _____

Isolation Start Date: _____ Isolation Type: Airborne ___ Droplet ___ Contact ___

Clinical Signs, Symptoms and Notes: _____ **Date of Onset:** _____

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: _____ Contact #: _____ Date: _____

Print Name

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.

NEPH Use only: Received by/Date