

## 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 (optional):		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: _____ Date of visit: _____ <input type="checkbox"/> ER visit Date of visit: _____ <input type="checkbox"/> Clinic 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:

Alcohol misuse  Drug misuse  Pregnant  Immunocompromised  Under housed/homeless  Travel  
 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, P4N8B7) 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