

NOTIFICATION OF DEATH OR COMPLICATION RELATED TO A REPORTABLE DISEASE

Fax completed form to Southwestern Public Health 519-633-0468

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

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