

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 			
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			