

Example of form for notification of suspected cases of infectious disease to local communicable disease surveillance centres

Patient's Name:

Date:

ID identifier (official use only)

First name:

Surname:

Address:

Country of birth:

Probable country of infection:

Contact tel. no:

Date of birth:

Age:

Sex:

Occupation:

Infectious Disease:

Date of onset

Date of diagnosis:

Laboratory results:

Type of specimen (stool, blood, CSF etc):

Case classification:

Possible

☐

Probable

☐

Confirmed

☐

Vaccination status (if vaccine-preventable):

Complete

☐

Incomplete

☐

Unvaccinated

☐

Unknown

☐

Hospitalised:

Yes

☐

No

☐

Unknown

☐

Additional Information:

Notifier:

Name:

Address:

Name of consultant or GP:

Tel:

Signed:

Date:
