

# 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:

Contact tel. no:

**Country of birth:**

**Probable country of infection:**

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:

Tel:

Name of consultant or GP:

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Adapted from: Health Protection Surveillance Centre, 2011-2020. Available at  
<<https://www.hpsc.ie/notifiablediseases/notificationforms/>>