

NOTIFIABLE DISEASE FAX FORM

TO:	Community and Public Health	ATTENTION:	Medical Officer of Health
FAX:	(03) 768 1169	DATE:	

CAUTION: The information contained in this facsimile is **legally privileged and confidential**. If you have received this message in error, please forward to the above destination without delay. If the reader of this message is not the intended recipient you are hereby notified that any use, dissemination, distribution or reproduction of this message is prohibited. Failure to comply with this caution could result in legal action. Thank you.

DISEASE: _____

Case Identification

Name: _____
Surname Given Name

Address: _____
Number Street

_____ City
Suburb

Phone:

Home: (____) _____

Work: (____) _____

Date of Birth: ____ / ____ / ____

[or age ____ Years]

Sex

Male

Female

Ethnicity: (tick all that apply)

NZ Maori NZ Pakeha/European Other European

Pacific Islander Other (specify): _____

NHI number _____

Case Demography

Occupation: _____

Place of Work/School/Preschool: _____

Recent Overseas Travel? No Yes If Yes; where? _____

Has patient been informed? No Yes Date of Onset: _____

Suspected cause of infection (if known) _____

Notifier Identification

Doctor's Name: _____ Contact Phone: (____) _____ Fax : (____) _____

Surgery Name & Address: _____
 (Surgery Stamp)

Medical Laboratory Used: Grey Hospital Medlab South Canterbury Health Southern Community

