PERTUSSIS NOTIFICATION FAX FORM

TO:	Community and Public Health	ATTENTION:	Medical Officer of Health
FAX:	(03) 379 6484	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.*

Case Identification

Name: ______________________
Surname Given Name

Address:
Number Street
Suburb City

Phone:
Home: (___) ______________
Work: (___) ______________
Cell: (___) ______________

Date of Birth: __ /__ /

NHI number: ______________

Sex: ☐ Male ☐ Female

Ethnicity: (tick all that apply)
☐ NZ Maori ☐ NZ Pakeha/European ☐ Other European
☐ Pacific Islander ☐ Other (specify):

Case Demography

Occupation:

Place of Work/School/Preschool:

Basis of Diagnosis

History of cold like symptoms ☐ Yes ☐ No ☐ Unknown
Cough & on-set date(___ / ___ / ___) ☐ Yes ☐ Approx ☐ Unknown
Change in nature of cough / paroxysmal ☐ Yes ☐ No ☐ Unknown
Contact with confirmed case ☐ Yes ☐ No ☐ Unknown

Laboratory confirmation of disease: ☐ Yes ☐ No ☐ Not Done ☐ Awaiting Results

Name of person taking swab____ Date swab ___ / ___ / ___

Confirmation Method : Nasopharyngeal Swab PCR (up to week 4-6) ☐ Nasopharyngeal culture ☐ Serology ☐

Medical Laboratory Used: ☐ *Canterbury Health** ☐ *Medlab South* ☐ *Southern Community* ☐ other (State) …………..
***Please note after 1 Oct 2011 Canterbury Health laboratories offering only PCR for Bordetella pertussis detection**

Immunisation Status

First Dose Administered: ☐ ☐ Unknown Date Given Or age when dose given _______ ☐ Weeks ☐ Months ☐ Years
Source of Information ☐ Patient/Caregiver recall ☐ Documented

Second Dose Administered: ☐ ☐ Unknown Date Given Or age when dose given _______ ☐ Weeks ☐ Months ☐ Years
Source of Information ☐ Patient/Caregiver recall ☐ Documented

Third Dose Administered: ☐ ☐ Unknown Date Given Or age when dose given _______ ☐ Weeks ☐ Months ☐ Years
Source of Information ☐ Patient/Caregiver recall ☐ Documented

Fourth Dose Administered: ☐ ☐ Unknown Date Given Or age when dose given _______ ☐ Weeks ☐ Months ☐
Years Source of Information ☐ Patient/Caregiver recall ☐ Documented

Fifth Dose Administered ☐ ☐ Unknown Date Given Or age when dose given _______ ☐ Weeks ☐ Months ☐ Years
Source of Information ☐ Patient/Caregiver recall ☐ Documented

Treatment administered?________________________________ **Advised of isolation requirements** ☐ Yes ☐ No

Notifier Identification

Doctor's Name: ______________________ Contact Phone: (__)________ Fax : (__)

Surgery Name: