

Notification Form

Notifiable Disease/Contamination	
Disease (organism, if known):	
Date of onset of symptoms: / /	Date of notification: / /
Date of diagnosis: / /	Date of death (if case died): / /
Urgent case (see table 1): Telephone notification made? Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Details of any vaccination against this disease:	Specimen taken, name of lab:

Case Details	
First Name:	Surname:
Date of Birth: / /	Sex: M <input type="checkbox"/> or F <input type="checkbox"/>
Age:	NHS No:
Ethnicity <input type="checkbox"/> White British <input type="checkbox"/> Black African <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Mixed White & Black African <input type="checkbox"/> Other Mixed <input type="checkbox"/> White Irish <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Asian <input type="checkbox"/> Mixed White & Black Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Other White <input type="checkbox"/> Other Black <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Mixed White & Asian <input type="checkbox"/> Not stated	
Home address:	Current address (e.g. hospital, if not at home address):
Postcode:	Postcode:
Telephone No:	Telephone No:
Mobile No:	
Overseas travel (if relevant); Destinations and dates:	
Occupation:	For food poisoning cases: Is case a food handler? Y <input type="checkbox"/> or N <input type="checkbox"/> : Details:
Work or education address (e.g. school, nursery, college):	
Postcode:	
Tel No:	
GP name and address (if different from RMP reporting case):	

Registered Medical Practitioner reporting case	
Name:	
Address:	Postcode:
	Telephone no:

All urgent cases (see Table 1) should be notified by telephone to the <name of HPU> Health Protection Unit: Tel: <###> (9.00am – 5.00pm); <###> (Out of Hours).

This form should be returned to the <borough> Local Authority; telephone number: <tel number>; fax number: <fax number>; <Address>