

REPORTABLE DISEASE NOTIFICATION FORM

Reporting Facility/Health Care Provider (please print)	Patient Information (please print)
Name _____	Name _____
Address _____	Address _____
Contact Person _____	_____ DOB _____
Telephone (1) _____ (2) _____	Telephone _____
Fax _____	Parent/Guardian (if applicable) _____
	Date of Assessment _____
	Date of Onset of Symptoms _____

The following specified Reportable Diseases (Ontario Regulation 559/91 and amendments under the Health Protection and Promotion Act) are to be reported to the local Medical Officer of Health: **(Note: Diseases marked ► should be reported immediately to the Medical Officer of Health by telephone.** Other diseases are to be reported as soon as possible or by the next working day.)

<ul style="list-style-type: none"> <input type="checkbox"/> Acquired Immunodeficiency Syndrome (AIDS) <input type="checkbox"/> (HIV is reportable as the agent of AIDS) <input type="checkbox"/> Acute Flaccid Paralysis (AFP) <input type="checkbox"/> Amebiasis <input type="checkbox"/> ► Anthrax <input type="checkbox"/> ► Botulism <input type="checkbox"/> ► Brucellosis <input type="checkbox"/> Campylobacter enteritis <input type="checkbox"/> Chancroid <input type="checkbox"/> Chickenpox (Varicella) <input type="checkbox"/> Chlamydia trachomatis infections <input type="checkbox"/> ► Cholera <input type="checkbox"/> ► <i>Clostridium difficile</i> associated disease (CDAD) outbreaks in public hospitals <input type="checkbox"/> ► Cryptosporidiosis <input type="checkbox"/> ► Cyclosporiasis <input type="checkbox"/> ► Diphtheria <input type="checkbox"/> ► Encephalitis, including: <ul style="list-style-type: none"> <input type="checkbox"/> ► i. Primary, viral <input type="checkbox"/> ► ii. Post-infectious <input type="checkbox"/> ► iii. Vaccine-related <input type="checkbox"/> ► iv. Subacute sclerosing panencephalitis <input type="checkbox"/> ► v. Unspecified <input type="checkbox"/> ► Food poisoning, all causes. <input type="checkbox"/> ► Gastroenteritis, institutional outbreaks <input type="checkbox"/> ► Giardiasis, except asymptomatic cases <input type="checkbox"/> Gonorrhoea <input type="checkbox"/> ► Haemophilus influenza b diseases, invasive <input type="checkbox"/> ► Hantavirus pulmonary syndrome <input type="checkbox"/> ► Hemorrhagic fevers, including: <ul style="list-style-type: none"> <input type="checkbox"/> ► i. Ebola virus disease <input type="checkbox"/> ► ii. Marburg virus disease <input type="checkbox"/> ► iii. Other viral causes <input type="checkbox"/> ► Hepatitis, viral: <ul style="list-style-type: none"> <input type="checkbox"/> ► i. Hepatitis A <input type="checkbox"/> ► ii. Hepatitis B <input type="checkbox"/> ► iii. Hepatitis C <input type="checkbox"/> Influenza <input type="checkbox"/> ► Lassa Fever <input type="checkbox"/> ► Legionellosis <input type="checkbox"/> Leprosy <input type="checkbox"/> ► Listeriosis <input type="checkbox"/> Lyme Disease 	<ul style="list-style-type: none"> <input type="checkbox"/> Malaria <input type="checkbox"/> ► Measles <input type="checkbox"/> ► Meningitis, acute: <ul style="list-style-type: none"> <input type="checkbox"/> ► i. bacterial <input type="checkbox"/> ► ii. viral <input type="checkbox"/> ► iii. other <input type="checkbox"/> ► Meningococcal disease, invasive <input type="checkbox"/> Mumps <input type="checkbox"/> Ophthalmia neonatorum <input type="checkbox"/> ► Paralytic Shellfish Poisoning (PSP) <input type="checkbox"/> Paratyphoid Fever <input type="checkbox"/> Pertussis (Whooping Cough) <input type="checkbox"/> ► Plague <input type="checkbox"/> Pneumococcal disease, invasive <input type="checkbox"/> ► Poliomyelitis, acute <input type="checkbox"/> Psittacosis/Ornithosis <input type="checkbox"/> ► Q Fever <input type="checkbox"/> ► Rabies <input type="checkbox"/> ► Respiratory infection outbreaks in institutions <input type="checkbox"/> ► Rubella <input type="checkbox"/> Rubella, congenital syndrome <input type="checkbox"/> Salmonellosis <input type="checkbox"/> ► Severe Acute Respiratory Syndrome (SARS) <input type="checkbox"/> ► Shigellosis <input type="checkbox"/> ► Smallpox <input type="checkbox"/> ► Streptococcal disease, Group A invasive <input type="checkbox"/> Streptococcal disease, Group B neonatal <input type="checkbox"/> Syphilis <input type="checkbox"/> Tetanus <input type="checkbox"/> Transmissible Spongiform Encephalopathy (Creutzfeldt-Jakob Disease, all types) <input type="checkbox"/> Trichinosis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> ► Tularemia <input type="checkbox"/> ► Typhoid Fever <input type="checkbox"/> ► Verotoxin-producing E.coli infection indicator conditions, including Hemolytic Uremic Syndrome (HUS) <input type="checkbox"/> ► West Nile Virus Illness <input type="checkbox"/> ► Yellow Fever <input type="checkbox"/> Yersiniosis
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COMMD-131
2014/07/15

Report to: **Hastings & Prince Edward Counties Health Unit, Health Protection Dept., CD Program**
During Business Hours (Mon-Fri 830am-430pm): CD Intake Phone 613-966-5500 x349
After Hours: Phone 613-966-5500
Fax 613-966-1813

