

## **Notifiable Disease Notification Form**

Report by telephone as soon as an occurrence is SUSPECTED		Client Information			
		Name			
Re	eport <u>in writing</u> within 24 hours of the initial communication	Address			
	MOH on Call: 1-866-270-7437				
	Anthrax	MCP/HCN	Dl /11		
	Botulism	Phone Number	Phone (Hon Phone (Cell	•	
	Creutzfeldt-Jakob Disease (CJD)	DOD	Phone (Cen	J·	
	Diphtheria	DOB (dd/mm/yyyy)			
	Group A Streptococcal Disease, Invasive (IGAS) Haemophilus Influenza type B Disease, Invasive (HIB)	Gender	☐ Male ☐	Female 🛘 Gender Diverse 🗖 Unknown	
	Measles	Pregnancy Status	☐ Yes ☐ N	lo □ Not Applicable	
	Meningococcal Disease, Invasive		Disa	ase Details	
	Plague		Dise	☐ Clinical presentation	
	Rabies (includes animal bites from species known to carry Rabies	How was the diseas	se	☐ Contact Tracing Follow-up	
П	e.g. bats, cats, dogs, farm and wild animals) Severe Acute Respiratory Illness (SARI)	identified?		☐ Screening	
	Smallpox	Is the client hospita	lized?	☐ Yes ☐ No ☐ Unknown	
	Tetanus				
	Tularemia	If yes, specify hospi	tal and unit		
	Viral Hemorrhagic Fevers (e.g. Ebola, Lassa, Marburg, Yellow Fever)	Reporting Health		h Care Provider Details	
	All disease outbreaks, unusual disease clusters and unusual	Name	T		
	disease occurrences or features	Hume			
	Report in writing within 24 hours of diagnosis	Clinic Name			
	Acute Flaccid Paralysis	Phone Number			
	Antimicrobial Resistant Organisms				
	Arbovirus (e.g. La Crosse, West Nile, Zika virus)	Date (dd/mm/yyyy)			
☐ Brucellosis			Additional Comments		
			^ dditio	anal Commonts	
	Clostridium Difficile		Additio	nal Comments	
			Additio	nal Comments	
	Clostridium Difficile Chlamydia Food and Waterborne Illness (e.g. Amoebiasis, Campylobacter, Cryptospiridium, E. coli, Giardia, Listeria, Salmonella)		Additio	nal Comments	
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