

NOTIFICATION FORM

PUBLIC HEALTH UNIT

Use for non urgent Communicable Disease Notification*



PLEASE RETURN COMPLETED FORM TO PUBLIC HEALTH UNIT: NotifiableDiseases@waikatodhb.health.nz

Date		Disease	
Name of Sender		Episurv No.	

REPORTING GP	
Name	
Address	
Number	
Street	
Suburb	
City/Town	
Post Code	
Phone	
Email:	
Has GP notified patient	YES / NO

USUAL GP (if different from reporting)	
Name	
Address	
Number	
Street	
Suburb	
City/Town	
Post Code	
Phone	
Email	

CASE DETAILS					
Name	Surname		NHI		
	Given Name (s)		DOB		
Address			Sex	Male / Female / Undisclosed	
Number			Ethnicity		
Street			Home		
Suburb			Mobile		
City/Town			Work		
Post Code			Occupation		
Email:					
Childcare / School	Y / N / UNKNOWN	Where:	ECE Worker	Y / N / UNKNOWN	Where:
Food worker	Y / N / UNKNOWN	Where:	Health Prof.	Y / N / UNKNOWN	Where:

LAB CRITERIA	
Organism Isolated	YES / NO
Contact with a confirmed case	Y / N / UNKNOWN
Part of an outbreak	Y / N / UNKNOWN
Site	Faeces / Blood / Other

SUSPECT SOURCE	IF YES, DETAIL
Person to Person	
Consumption of food	
Contact with Animals	
Drinking Water/Recreational Water	
Other (Explain)	
Has the case been excluded from:	Work / School / Preschool

CLINICAL COURSE & OUTCOME	
Date of Onset	
Hospitalised	YES / NO
Date	
Hospital Name	
Resulted in Death	YES / NO

RISK FACTORS	
Overseas Travel	YES / NO
Where	
Date returned to NZ	

ADDITIONAL COMMENTS

*Use for any non-urgent notifications. Specifically, for enteric disease notifications (ie: Campylobacter, Salmonella, Cryptosporidium, Giardiasis, Yersiniosis, Shigellosis)

Public Health Unit FAX # 07 838 2382

Public Health Office (P) 07 838 2569 contact: CDSO (Communicable Disease Support Officer)