

Health practitioner notice of notifiable disease

Section 74, Health Act 1956

Instructions on use: This form is for notification of diseases listed in sections A and B of Part 1 of Schedule 1 of the Act.



| | |
|-------------------------|--------|
| Name of notifier: | Date: |
| Organisation: | Phone: |
| Disease being notified: | |

| CASE IDENTIFICATION | |
|--|---|
| Name of case: | NHI: |
| Current address: | Phone (home): |
| Email: | Phone (other): |
| Date of birth: / / | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate |
| Caregiver's name if case is <16 years: | |
| Ethnicity (tick all that apply): | <input type="checkbox"/> NZ European <input type="checkbox"/> Māori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Tongan <input type="checkbox"/> Other (please specify): |
| Current occupation: | |
| Place of work/school/preschool: | |
| High priority occupation: | <input type="checkbox"/> Food worker <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Early childhood worker/attende <input type="checkbox"/> High risk due to illness/disability |

PLEASE ADVISE PATIENT OF DIAGNOSIS BEFORE NOTIFYING REGIONAL PUBLIC HEALTH

| CLINICAL SYMPTOMS | |
|---|--|
| Illness onset date: / / | |
| Hospitalised? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Hospital name: | |
| Diagnosis based on: <input type="checkbox"/> Clinical findings <input type="checkbox"/> Lab test <input type="checkbox"/> Contact with confirmed case | |
| Symptoms: | |
| If vaccine preventable (e.g. pertussis/measles), dates and doses of vaccines given: | |
| Any other information on the patient's situation, occupation, travel, or other activities that may be relevant for identifying the source or potential spread of the disease: | |

| PATIENT MANAGEMENT |
|--|
| <input type="checkbox"/> Antibiotic, if given specify: |
| <input type="checkbox"/> Case advised of exclusion if required, details: |
| <input type="checkbox"/> Other comment: |

Notify RPH within 24 hours by fax 04 570 9373