

Health Practitioner notice of COVID-19

Section 74, Health Act 1956

Regional Public Health

HAUORA Ā IWĪ KI TE ŪPOKO • O TE IKA A MĀUI
Better health for the greater Wellington region

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:

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"/> Maori	<input type="checkbox"/> Samoan	<input type="checkbox"/> Niuean	<input type="checkbox"/> Samoan
<input type="checkbox"/> Indian	<input type="checkbox"/> Cook Island	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Other
Current occupation:				
Other occupants at place of residence/high risk situation/institutional living (e.g. aged care residence)/student hostel:				
High priority occupation: <input type="checkbox"/> Healthcare <input type="checkbox"/> High risk due to illness/disability <input type="checkbox"/> Aged care facility worker <input type="checkbox"/> Other				
Vulnerabilities/Comorbidities:				

CLINICAL SYMPTOMS

Illness onset date:				
Hospitalised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospital name:			
Diagnosis based on: <input type="checkbox"/> Clinical findings <input type="checkbox"/> Travel criteria <input type="checkbox"/> Contact with confirmed case				
Symptoms (tick all that apply):				
<input type="checkbox"/> History of fever/chills	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Runny nose
<input type="checkbox"/> General weakness	<input type="checkbox"/> Headache	<input type="checkbox"/> Muscle pains	<input type="checkbox"/> Nausea/vomiting	<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Other:				
Travel history in 14 days prior to onset of illness:				
Domestic travel location and dates:				
International travel location and dates:				
Any other information on the patient's situation or activities (such as mass gatherings including names and dates) that may be relevant for identifying the source or potential spread of the disease:				

PATIENT MANAGEMENT

<input type="checkbox"/> Case advised test results available within 2 working days and health professional will be in contact with results*
<input type="checkbox"/> Case advised of self-isolation requirements and resources provided as per MoH website
<input type="checkbox"/> Case requires welfare support

*Please note the primary care practitioner is responsible for informing the patient of negative results and to provide advice accordingly. The Public Health Unit will inform the patient of positive results. Overseas travellers MUST still complete 14 days of self-quarantine despite any negative tests during this period.

Notify RPH within 24 hours by fax 04 570 9373 or email RES-Entdisreptla@huttvalleydhb.org.nz