

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. For **pertussis notifications**, please use the separate pertussis notification form.

Regional Public Health

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

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/attendee <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. 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 or email: RES-Entdisreptla@huttvalleydhb.org.nz