

# 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 and measles notifications**, please use the separate pertussis notification form and measles notification form.

**Te Whatu Ora**

Health New Zealand

Capital, Coast, Hutt Valley and Wairarapa

Name of notifier:	Date:
Organisation:	Phone:
<b>Disease being notified:</b>	

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 NATIONAL PUBLIC HEALTH SERVICE

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 Public Health within 24 hours by phone on (04) 570 9267 (8.30am - 4.30pm)**

**or email: [RPHnotifications@huttvalleydhb.org.nz](mailto:RPHnotifications@huttvalleydhb.org.nz)**

**For urgent disease notifications after hours, phone the Medical Officer of Health on (04) 570 9007**