

Diseases of Public Health Significance

Client Name:		Gender:
If child – Parents name:		Health Card #:
Client Address:		City:
Postal Code:	Home Phone #:	Birth Date:
Attending Physician:	Address:	Telephone:
Family Physician:	Address:	Telephone:
Relevant immunizations up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

DESIGNATED DISEASE:	Reported Date:
Type <input type="checkbox"/> Suspect/Clinical Case <input type="checkbox"/> Lab Confirmed Case	Onset Date:
Symptoms: <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Dyspnea <input type="checkbox"/> Nausea / vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Headache <input type="checkbox"/> Malaise <input type="checkbox"/> Abd. Pain <input type="checkbox"/> Other(s): _____	
Name of Reporter:	

RISK FACTORS:
<input type="checkbox"/> None known <input type="checkbox"/> Unimmunized <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Contaminated food / water <input type="checkbox"/> Occupational
<input type="checkbox"/> Medical / Chronic illness risk factors: _____
<input type="checkbox"/> Behavioral /Lifestyle risk factors: _____
<input type="checkbox"/> Travel history <input type="checkbox"/> Out of Region <input type="checkbox"/> Out ofCountry Where _____ When _____ How Long _____
<input type="checkbox"/> Employment _____

TREATMENT	Was client hospitalized for this episode? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
	Name of hospital/ / facility: _____				
	Admission date: _____ Discharge date: _____				
DRUG	Dose/Frequency	Route	Prescribed By	Started Date	Duration or D/C Date

Notes

Suspect/clinical and confirmed cases of designated diseases are required to be reported to the Medical Officer of Health as per the Health Protection and Promotion Act. The Diseases of Public Health Significance List is provided on the back of this form. Please fax report forms to (807) 468-3813.

