

# REPORTABLE DISEASE NOTIFICATION FORM



Fax # (613) 345-5777

Regular office hours are Monday to Friday 8:30 a.m. – 4:30 p.m.  
Brockville office tel # (613) 345-5685      Smiths Falls office tel # (613) 283-2740

After hours, weekends and statutory holidays telephone (613) 345-5685 and the answering service will notify the director-on-call.

Reported by: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Sex: M  F  If female, pregnant Yes  No

Date of Birth: \_\_\_\_\_  
(year / month / day)

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Onset Date: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Treatment: \_\_\_\_\_

Date Treatment Started: \_\_\_\_\_

Date Treatment Ended: \_\_\_\_\_

Risk Factors: \_\_\_\_\_

Immunization Status: \_\_\_\_\_

Lab Report to Follow:

Hospitalized: Yes  No

Name of Hospital: \_\_\_\_\_

Complications: \_\_\_\_\_

Date of Death (if applicable): \_\_\_\_\_

Information is collected under the authority of the Health Protection and Promotion Act, 1990, for the purpose of planning and providing public health services. Questions concerning the collection of this information should be directed to the Director of Clinical Services at the Leeds, Grenville and Lanark District Health Unit, 458 Laurier Blvd., Brockville, Ontario, K6V 7A3; 613-345-5685.

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