

NOTIFICATION FORM

PUBLIC HEALTH UNIT

Use for non urgent Communicable Disease Notification*



PLEASE RETURN COMPLETED FORM TO PUBLIC HEALTH UNIT:

NotifiableDiseases@waikatodhb.health.nz

Date		Disease	
Name of Sender		Episurv No.	

REPORTING GP		USUAL GP (if different from reporting)	
Name		Name	
Address		Address	
Number		Number	
Street		Street	
Suburb		Suburb	
City/Town		City/Town	
Post Code		Post Code	
Phone		Phone	
Email:		Email	
Has GP notified patient	YES / NO		

CASE DETAILS					
Name	Surname		NHI		
Given Name (s)			DOB		
Address			Sex	Male / Female / Undisclosed	
Number			Ethnicity		
Street			Home		
Suburb			Mobile		
City/Town			Work		
Post Code			Occupation		
Email:					
Childcare / School	Y/ N / UNKNOWN	Where:	ECE Worker	Y/ N / UNKNOWN	Where:
Food worker	Y/ N / UNKNOWN	Where:	Health Prof.	Y/ N / UNKNOWN	Where:

LAB CRITERIA		SUSPECT SOURCE		IF YES, DETAIL
Organism Isolated	YES / NO	Person to Person		
Contact with a confirmed case	Y / N / UNKNOWN	Consumption of food		
Part of an outbreak	Y / N / UNKNOWN	Contact with Animals		
Site	Faeces / Blood / Other	Drinking Water/Recreational Water		
		Other (Explain)		
		Has the case been excluded from:	Work / School / Preschool	

CLINICAL COURSE & OUTCOME		RISK FACTORS	
Date of Onset		Overseas Travel	YES / NO
Hospitalised	YES / NO	Where	
Date		Date returned to NZ	
Hospital Name			
Resulted in Death	YES / NO		

ADDITIONAL COMMENTS

*Use for any non-urgent notifications. Specifically, for enteric disease notifications (ie: Campylobacter, Salmonella, Cryptosporidium, Giardiasis, Yersiniosis, Shigellosis)

Public Health Unit FAX # 07 838 2382

Public Health Office (P) 07 838 2569 contact: CDSO (Communicable Disease Support Officer)