



## Diseases of Public Health Significance Notification Form

Disease being reported:		Date:	
Please indicate type of institution/facility reporting: <input type="checkbox"/> School <input type="checkbox"/> Child Care Centre <input type="checkbox"/> Other (please specify):			
Person reporting to health unit (Name and Position):			
Name of Institution/Facility:			
Address:			
City:		Postal Code:	
Phone:		Fax:	
Name of Child/Student:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____	
Date of Birth:		Date of Onset:	
Name of Parent/Guardian:			
Home Address:			
City:		Postal Code:	Phone:
Comments:			
<p><i>This information is collected under Section 5 of the Health Protection and Promotion Act, R.S.O 1990, c.H.7. The personal health information collected in this form will be used for case management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Director, Program Foundations and Finance, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, telephone (705)721-7520.</i></p>			
<p>Note: Bolded diseases are to be phoned immediately to the Communicable Disease team at 705-721-7520 ext. 8809. All other diseases are to be reported the next working day. <b>PLEASE FAX THE COMPLETED COPY OF THIS FORM TO THE SIMCOE MUSKOKA DISTRICT HEALTH UNIT CONFIDENTIAL FAX LINE: (705) 733-7738.</b></p>			