

All completed forms are to be faxed to the CD confidential fax line at: (705) 733-7738

Disease Being Reported: _____ **Date of Report:** _____ *yyyy / mm / dd*

Name of Reporting Facility: _____

Name of Reporting Person: _____ **Phone number:** _____

Patient Information

Name: _____ Male Female
Last First

Date of Birth: (yyyy/mm/dd) _____ **Health Insurance Number:** _____

Address (*In full*): _____

Telephone: Home: _____ Work: _____ Other: _____

Family Physician: _____

Lab Information (Please attach all lab results)

Specimen Type: _____

Date Collected: _____ Date Identified: _____

Specimen sent to Public Health Lab (for typing/speciation): Yes No

Disease Information

Date of Onset: _____ Relevant Vaccination Status: _____

Symptoms: _____

Treatment: _____

Travel History: _____

Hospital Visit Information

Attending Physician Name: _____

If **ADMITTED** to hospital: Date of Admission: _____ Date of Discharge: _____

If **NOT ADMITTED**: Date of Hospital Visit: _____

If **TRANSFERRED FROM** a facility: Facility Name: _____ Date: _____

If **TRANSFERRED TO** a facility: Facility Name: _____ Date: _____

Additional Notes: _____

This information is collected under Section 1 of Regulation 569 of the Health Protection and Promotion Act, R.R.O. 1990, Reg. 569, s. 1 (1) and R.R.O. 1990, Reg. 569, s. 1 (2); O. Reg. 1/05, s. 1 (1). The personal health information collected in this form will be used only for public health 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 Associate Director of Corporate Services, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, telephone (705) 721-7520