

Send to: Medical Officer of Health
247 Whitewood Avenue, Unit 43
P.O. Box 1090
New Liskeard, ON P0J 1P0
Ph: 1-866-747-4305
Confidential Fax: 705-647-5779

COMMUNICABLE DISEASE NOTIFICATION FORM

Disease:	Reporting Agency:
Physician (involved with direct care):	Physician Address:
Lab Test(s) Ordered:	Collection Date:

Mantoux Positive

Date Administered:	Date Read:	Result: (mm of induration/interpretation)
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Client Information

Surname:	Given Name:	DOB:
Address	City:	Postal Code:
Phone #1:	Phone #2:	Sex: M F Other
Parent/Legal Guardian:		
Occupation/School/Workplace:		
Other Physician (family, physician, or specialist)		

Clinical Information

Outpatient/ER/Clinic Visit <input type="checkbox"/>	Hospitalized <input type="checkbox"/> No <input type="checkbox"/> Yes	Isolation <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Visit: ____/____/____ D M Y	Date of Admission: ____/____/____ D M Y	Date of isolation ____/____/____ D M Y
Arrived by EMS: <input type="checkbox"/> No <input type="checkbox"/> Yes	Patient Transfer to: _____	Isolation type: <input type="checkbox"/> Airborne <input type="checkbox"/> Droplet
EMS arrival date: ____/____/____ D M Y	Date of Transfer: ____/____/____ D M Y	<input type="checkbox"/> Contact
		<input type="checkbox"/> Droplet -Contact

Notes (including *symptoms & onset*, travel hx, immunizations, possible exposures & contacts):

Medications Prescribed Related to Communicable Disease

RX:	Duration:	Date started:	RX:	Duration:	Date started:
RX:	Duration:	Date started:	RX:	Duration:	Date started:

Reported by: _____ Date: ____/____/____
D M Y

FOR HEALTH UNIT USE ONLY

Notified by: T.C. ☐ Fax ☐ **Entered in OSCAR** ☐
IPHS Classification: Person under Investigation ☐ Probable ☐ Suspect ☐ Confirmed ☐ Does Not Meet ☐
Notification received by: _____ (THU Staff) **Date:** ____/____/____

Received by lead THU investigator: _____

Investigation Start Date: ____/____/____