

REPORTABLE COMMUNICABLE DISEASE NOTIFICATION FORM

Disease (<i>see list on back</i>):	Reporting Agency:
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Test & Source type:	Collection Date:
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Result: Positive Negative Pending **Attach lab result**

Mantoux Positive

Date Administered:	Date Read:	Result: (mm of induration)
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Client Information (*as reflected on Health Card*)

Last name	First name	DOB: YYYY MM DD
		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other: _____

Address	Postal Code:
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Health Card Number:	Employer/School/Daycare:
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Telephone Home:	Cell:
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Physician (involved with direct care):	Phone:
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Other Physician (family, physician, or specialist)	Phone:
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Clinical Information

<input type="checkbox"/> Arrived by EMS Date: _____	<input type="checkbox"/> Outpatient visit: _____ Date: _____ <input type="checkbox"/> ER Visit: _____ Date: _____ <input type="checkbox"/> Clinic Visit: _____ Date: _____
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<input type="checkbox"/> Hospitalized	Date of Admission: _____	Date of Discharge: _____
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<input type="checkbox"/> Patient Transferred to another facility (name): _____	Date of Transfer: _____
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<input type="checkbox"/> Airborne Isolation	<input type="checkbox"/> Droplet Isolation	<input type="checkbox"/> Contact Isolation	<input type="checkbox"/> Droplet-Contact Isolation	<input type="checkbox"/> None
Start Date: _____ End date: _____				

Clinical Signs and Symptoms (*include onset date and end date if known*):

Risk Factors:	<input type="checkbox"/> Alcohol misuse	<input type="checkbox"/> Drug Misuse	<input type="checkbox"/> Immunocompromised	<input type="checkbox"/> Pregnant
	<input type="checkbox"/> Underhoused/Homeless	<input type="checkbox"/> Travel (<i>dates & location</i>) _____		
	<input type="checkbox"/> Other: _____			

Notes (*possible community exposures, other high-risk contacts, etc.*):

Medications Prescribed Related to Reportable Disease

Medication Name	Dosage & Route	Frequency	Start Date	End date

Reported by: _____ Contact phone #: _____ Date: _____
(Please Print)

Diseases of Public Health Significance

The following diseases are legislated as reportable to the local Medical Officer of Health.
(Ontario Regulation 135/18 and amendments under the Health Protection and Promotion Act)

Acquired Immunodeficiency Syndrome (AIDS)	Hepatitis, viral, <ol style="list-style-type: none">1. *Hepatitis A2. Hepatitis B3. Hepatitis C
Acute Flaccid Paralysis	Influenza
Amebiasis	*Legionellosis
*Anaplasmosis	Leprosy
*Anthrax	*Listeriosis
*Babesiosis	Lyme Disease
Blastomycosis	*Measles
*Botulism	*Meningitis, acute
*Brucellosis	<ol style="list-style-type: none">1. *Bacterial2. *Viral3. *Other
Campylobacter enteritis	*Meningococcal disease, invasive
Carbapenamase-producing Enterobacteriaceae (CPE)	*Mumps
infection or colonization	Ophthalmia neonatorum
Chancroid	*Paralytic Shellfish Poisoning
Chickenpox (Varicella)	Paratyphoid Fever
Chlamydia trachomatis infections	*Pertussis (Whooping Cough)
Cholera	*Plague
*Clostridium difficile infection (<i>CDI outbreaks in public hospitals</i>)	Pneumococcal disease, invasive
*Coronavirus, novel including SARS, MERS and COVID-19	*Poliomyelitis, acute
Creutzfeldt-Jakob Disease, all types	*Powassan
Cryptosporidiosis	Psittacosis/Ornithosis
*Cyclosporiasis	*Q Fever
*Diphtheria	*Rabies (<i>including bites of dogs, cats & suspected rabid animals</i>)
Enchinococcus multilocularis infection	*Respiratory infection outbreaks in institutions
Encephalitis, including: <ol style="list-style-type: none">1. Primary, viral2. Post-infectious3. Vaccine-related4. Subacute sclerosing panencephalitis.5. Unspecified	*Rubella
*Food Poisoning	*Rubella, congenital syndrome
Gastroenteritis, institutional outbreaks	*Salmonellosis
*Giardiasis (<i>except asymptomatic cases</i>)	*Shigellosis
Gonorrhea	*Smallpox and other orthopoxviruses, including monkeypox
*Group A Streptococcal disease, invasive	Syphilis
Group B Streptococcal disease, neonatal	*Tetanus
*Haemophilus influenzae disease, all types, invasive	Trichinosis
*Hantavirus Pulmonary Syndrome	*Tuberculosis
*Hemorrhagic fevers, including: <ol style="list-style-type: none">1. *Ebola virus disease2. *Marburg virus disease3. *Lassa Fever4. *Other viral causes	*Tularemia
	Typhoid Fever
	*Verotoxin-producing E. coli infection , including Hemolytic Uremic Syndrome (HUS)
	*West Nile Virus Illness
	*Yersiniosis

Diseases marked * must be reported immediately. Other diseases should be reported by the next working day. To report a suspected or confirmed case of reportable disease, or an institutional outbreak, call your local Timiskaming Health Unit office.

New Liskeard
705-647-4305
866-747-4305

Englehart
705-544-2221
877-544-2221

Kirkland Lake
705-567-9355
866-967-9355

After 4:30 p.m. or on weekends, call the Health Unit on-call number 705-647-3033