



## REPORTABLE COMMUNICABLE DISEASE NOTIFICATION FORM

Disease ( <i>see list on back</i> ):		Reporting Agency:	
Test & Source type:		Collection Date:	
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending		<input type="checkbox"/> <b>Attach lab result</b>	
<b>TB Skin Test Reporting</b>			
Date/Time Administered:		Date/Time Read:	Result: (mm of induration)
Location planted: <input type="checkbox"/> Lt <input type="checkbox"/> Rt <input type="checkbox"/> Forearm <input type="checkbox"/> Other (specify):		Lot #: Expiry:	Interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant
<b>Client Information (<i>as reflected on Health Card</i>)</b>			
Last name		First name	DOB: YYYY   MM   DD
			Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other: _____
Address		Postal Code:	
Health Card Number:		Employer/School/Daycare:	
Telephone Home:		Cell:	
Physician (involved with direct care):		Phone:	
Other Physician (family, physician, or specialist)		Phone:	
<b>Clinical Information</b>			
<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: _____	
<input type="checkbox"/> Hospitalized    Date of Admission: _____		Date of Discharge: _____	
<input type="checkbox"/> Patient Transferred to another facility (name): _____		Date of Transfer: _____	
<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 ( <i>include onset date and end date if known</i> ):			
<b>Risk Factors:</b>			
<input type="checkbox"/> Alcohol misuse		<input type="checkbox"/> Drug Misuse	<input type="checkbox"/> Immunocompromised
<input type="checkbox"/> Underhoused/Homeless		<input type="checkbox"/> Travel ( <i>dates &amp; location</i> ) _____	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Other: _____			
Notes ( <i>possible community exposures, other high-risk contacts, etc.</i> ):			
<b>Medications Prescribed Related to Reportable Disease</b>			
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"><li>1. <b>*Hepatitis A</b></li><li>2. Hepatitis B</li><li>3. Hepatitis C</li></ol>
Acute Flaccid Paralysis	Influenza
Amebiasis	<b>*Legionellosis</b>
<b>*Anaplasmosis</b>	Leprosy
<b>*Anthrax</b>	<b>*Listeriosis</b>
<b>*Babesiosis</b>	Lyme Disease
Blastomycosis	<b>*Measles</b>
<b>*Botulism</b>	<b>*Meningitis, acute</b> <ol style="list-style-type: none"><li>1. <b>*Bacterial</b></li><li>2. <b>*Viral</b></li><li>3. <b>*Other</b></li></ol>
<b>*Brucellosis</b>	<b>*Meningococcal disease, invasive</b>
Campylobacter enteritis	<b>*Mumps</b>
<b>Carbapenamase-producing Enterobacteriaceae (CPE)</b> infection or colonization	Ophthalmia neonatorum
Chancroid	<b>*Paralytic Shellfish Poisoning</b>
Chickenpox (Varicella)	Paratyphoid Fever
Chlamydia trachomatis infections	<b>*Pertussis</b> (Whooping Cough)
Cholera	<b>*Plague</b>
<b>*Clostridium difficile</b> infection ( <i>CDI outbreaks in public hospitals</i> )	Pneumococcal disease, invasive
<b>*Coronavirus, novel including SARS, MERS and COVID-19</b>	<b>*Poliomyelitis, acute</b>
Creutzfeldt-Jakob Disease, all types	<b>*Powassan</b>
Cryptosporidiosis	Psittacosis/Ornithosis
<b>*Cyclosporiasis</b>	<b>*Q Fever</b>
<b>*Diphtheria</b>	<b>*Rabies</b> ( <i>including bites of dogs, cats &amp; suspected rabid animals</i> )
Enchinococcus multilocularis infection	<b>*Respiratory infection outbreaks in institutions</b>
Encephalitis, including: <ol style="list-style-type: none"><li>1. Primary, viral</li><li>2. Post-infectious</li><li>3. Vaccine-related</li><li>4. Subacute sclerosing panencephalitis.</li><li>5. Unspecified</li></ol>	<b>*Rubella</b>
<b>*Food Poisoning</b>	<b>*Rubella, congenital syndrome</b>
Gastroenteritis, institutional outbreaks	<b>*Salmonellosis</b>
<b>*Giardiasis</b> ( <i>except asymptomatic cases</i> )	<b>*Shigellosis</b>
Gonorrhea	<b>*Smallpox and other orthopoxviruses, including monkeypox</b>
<b>*Group A Streptococcal disease, invasive</b>	Syphilis
Group B Streptococcal disease, neonatal	<b>*Tetanus</b>
<b>*Haemophilus influenzae</b> disease, all types, invasive	Trichinosis
<b>*Hantavirus Pulmonary Syndrome</b>	<b>*Tuberculosis</b>
<b>*Hemorrhagic fevers, including:</b> <ol style="list-style-type: none"><li>1. <b>*Ebola virus disease</b></li><li>2. <b>*Marburg virus disease</b></li><li>3. <b>*Lassa Fever</b></li><li>4. <b>*Other viral causes</b></li></ol>	<b>*Tularemia</b>
	Typhoid Fever
	<b>*Verotoxin-producing E. coli infection</b> , including Hemolytic Uremic Syndrome (HUS)
	<b>*West Nile Virus Illness</b>
	<b>*Yersiniosis</b>

**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