

CLASS I REPORTING FORM - INDIVIDUAL NOTIFICATION (ON SUSPICION)

Date of Report: ____ / ____ / ____ (DD/MM/YY)

NEW CASE / PREVIOUSLY REPORTED CASE (Circle One)

Diagnosis: _____

Case Demographic Information

Name (including pet name): _____ Sex: ____ Age: ____ D.O.B ____ / ____ / ____ (dd/mm/yy)

Address: Lot #: _____ Street: _____ Street Type: _____
(Include Landmark) (Name) (Drive, Road, Close etc)

Community: _____ Neighbouring Community/District: _____ Parish: _____

Workplace/School: _____ Occupation: _____

(H) Phone #: _____ (Wk) Phone #: _____ History of overseas travel in past 4-6 weeks? Y / N
Specify area/country: _____

Name of NOK/Parent: _____ Relationship to case: _____

Address of NOK/Parent: _____ Phone No.: _____

Clinical information:

Symptoms: _____	Hosp./Facility Name: _____
_____	Medical Record # _____
Date of onset: ____ / ____ / ____ (dd/mm/yy) Date seen: ____ / ____ / ____ (dd/mm/yy)	Case admitted to Hosp?: Y / N (Circle one)
Specimen Taken Y / N Type: _____	Date of Admission: ____ / ____ / ____ (dd/mm/yy)
Specimen Date: ____ / ____ / ____ (dd/mm/yy) Laboratory: _____	Ward: _____
Result (s): _____	If dead, Date of Death: ____ / ____ / ____ (dd/mm/yy)

Notifier Information

Name of notifier: _____ Phone #: _____	Received by MO(H) ____ / ____ / ____ (dd/mm/yy)
Address: _____ Email: _____	Parish MO(H) Signature _____
Comments: _____	Forwarded to R.S.O ____ / ____ / ____ (dd/mm/yy)
	Forwarded to Surveillance Unit ____ / ____ / ____ (dd/mm/yy)