

Notification of Infectious Disease

Patient Name: Disease: Date: ____ / ____ / ____

Notification of Infectious Disease

ID identifier (official use only)

Patient First name: Surname:

Country of birth:

Address: Ireland Other

if other, specify: _____

Contact tel. no:

D.O.B.: ____ / ____ / ____ Age: ____ Sex: ____ Occupation/School/Creche:

Infectious disease (see list at front):

Case classification (see case definitions): Possible Probable Confirmed Date of onset: ____ / ____ / ____

Date of diagnosis: ____ / ____ / ____ Laboratory results:

Type of specimen (stool, blood, csf etc):

Vaccination status (if vaccine preventable):

Complete Incomplete Unvaccinated Unknown

Additional information:

Signed:

Title/Position:

Date of notification: ____ / ____ / ____

<p>Notifier (stamp may be used) (Please Print)</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Tel:</p>
