



Notification of Reportable Disease

Disease being reported:		Date: yyyy / mm / dd	
Please indicate type of institution/facility reporting:			
<input type="checkbox"/> School <input type="checkbox"/> Day Nursery <input type="checkbox"/> Other (please specify):			
Person reporting to health unit (Name and Position):			
Name of Institution/Facility:			
Address: street			
City:		Postal Code:	
Phone:		Fax:	
Name of Child/Student:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: yyyy / mm / dd		Date of Onset: yyyy / mm / dd	
Name of Parent/Guardian:			
Home Address: street			
City:		Postal Code:	Phone:
Comments:			
<small><i>This information is collected under Section 5 of the Health Protection and Promotion Act, R.S.O 1990, c.H.7. The personal health information collected in this form will be used for case management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Associate Director of Corporate Services, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, telephone (705)721-7520.</i></small>			
Note: Asterisked diseases are to be phoned immediately to the Communicable Disease team at the above numbers. All other diseases are to be reported the next working day. PLEASE FAX THE COMPLETED COPY OF THIS FORM TO THE SIMCOE MUSKOKA DISTRICT HEALTH UNIT CONFIDENTIAL FAX LINE: (705)733-7738.			