

**\*All completed forms are to be faxed to the CD confidential fax line at: (705) 733-7738\***

**Disease Being Reported:** \_\_\_\_\_ **Date of Report:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of Reporting Facility:** \_\_\_\_\_

**Name of Reporting Person:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Patient Information**

**Name:** \_\_\_\_\_  Male  Female  
Last First

**Date of Birth:** (yyyy/mm/dd) \_\_\_\_\_ **Health Insurance Number:** \_\_\_\_\_

**Address (In full):** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

**Lab Information (Please attach all lab results)**

**Specimen Type:** \_\_\_\_\_

**Date Collected:** \_\_\_\_\_ **Date Identified:** \_\_\_\_\_

**Specimen sent to Public Health Lab (for typing/speciation):**  Yes  No

**Disease Information**

**Date of Onset:** \_\_\_\_\_ **Relevant Vaccination Status:** \_\_\_\_\_

**Symptoms:** \_\_\_\_\_  
\_\_\_\_\_

**Treatment:** \_\_\_\_\_

**Travel History:** \_\_\_\_\_

**Hospital Visit Information**

**Attending Physician Name:** \_\_\_\_\_

**If ADMITTED to hospital:** Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

**If NOT ADMITTED:** Date of Hospital Visit: \_\_\_\_\_

**If TRANSFERRED FROM a facility:** Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

**If TRANSFERRED TO a facility:** Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information is collected under Section 1 of Regulation 569 of the Health Protection and Promotion Act, R.R.O. 1990, Reg. 569, s. 1 (1) and R.R.O. 1990, Reg. 569, s. 1 (2); O. Reg. 1/05, s. 1 (1). The personal health information collected in this form will be used only for public health 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