



RENFREW COUNTY AND DISTRICT HEALTH UNIT

Communicable Disease Reporting Form

Please use this form to report all reportable diseases.

Please complete all applicable areas and return form to:
Medical Officer of Health
Renfrew County and District Health Unit
7 International Drive
Pembroke, Ontario K8A 6W5
FAX: (613) 735-3067

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, Sections 22 and 24, and will be used for Public Health follow-up. Any questions should be directed to Clinical Services Coordinator at (613) 735-8653 Ext 515.

REPORTING AGENCY:

PATIENT INFORMATION:

SURNAME: _____ FIRST NAME: _____
DATE OF BIRTH: _____ AGE: _____ SEX: M F
ADDRESS: _____ HEALTH CARD #: _____
CITY: _____ POSTAL CODE: _____
HOME PHONE: _____ WORK PHONE: _____

DISEASE INFORMATION:

DISEASE: _____ ORGANISM/SITE: _____
ONSET DATE: _____ SPECIMEN TYPE: _____
DATE OF SPECIMEN COLLECTED: _____

TREATMENT HISTORY:

TREATMENT: _____ TREATMENT DATE: _____
HOSPITALIZED?: Yes No HOSPITAL NAME: _____
ADMISSION DATE: _____ DISCHARGE DATE: _____
COMMENTS: _____

PHYSICIAN INFORMATION:

NAME: _____ SPECIALTY: _____
ADDRESS: _____
CITY: _____ POSTAL CODE: _____ PHONE: _____

DATE OF NOTIFICATION:

SIGNATURE OF PERSON REPORTING