



Child Care Facility/School Reportable Disease Reporting Form

Please use this form to report all reportable diseases. Please refer to the reportable disease list for reporting time lines.

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.

DAYCARE/SCHOOL REPORTING: _____

ADDRESS: _____ PHONE: 613 _____

STUDENT INFORMATION: _____

SURNAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ AGE: _____ SEX: M F

ADDRESS: _____ HEALTH CARD #: _____

CITY: _____ POSTAL CODE: _____

COMMUNICABLE DISEASE: _____

DISEASE: _____ START DATE: _____

GUARDIAN/PARENT INFORMATION:

NAME: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

DATE OF NOTIFICATION: _____ **SIGNATURE OF PERSON REPORTING** _____