



RENFREW COUNTY AND DISTRICT HEALTH UNIT

# CHILD CARE FACILITY/SCHOOL DISEASE OF PUBLIC HEALTH SIGNIFICANCE REPORTING FORM

Please complete all applicable areas and fax to the **Infectious Disease Program: FAX: 613-735-3067**

**PHONE: 613-732-3629 or 1-800-267-1097 (Office Hours) | 613-735-9926 (After Hours)**

Regular office hours: Monday-Friday 8:00-4:00

FOR HEALTH UNIT USE ONLY

iPHIS Client ID:

iPHIS Case ID:

## STUDENT INFORMATION

Last Name:

First Name:

DOB (y/m/d):

HIN#:

Gender:  Male  Female

Address:

City:

Postal Code:

FAMILY PHYSICIAN:

Phone #:

Fax #:

## DIAGNOSIS

Disease:

Date of Onset (y/m/d):

## PARENT/GUARDIAN INFORMATION

Last Name:

First Name:

Phone #:

## DAY CARE/SCHOOL REPORTING

Name of Facility:

Address:

Phone #:

Name of Person Reporting:

Date (y/m/d):