

Notification of Disease to Public Health Southern

Please email this form to: SO-NPHS-NotifyMOH@TeWhatuOra.govt.nz

Otago PH: 03 476 9865

Southland PH: 03 211 8500

Disease & Notifier Details

Date:	<input type="text" value="___/___/___"/>	Disease:	<input type="text"/>
Notifier:	<input type="text"/>	Phone:	<input type="text"/>
Email Address:	<input type="text"/>	Practice:	<input type="text"/>
Usual GP:	<input type="text"/>	Onset Date:	<input type="text"/>
Hospitalised (details):	<input type="text"/>		
Date of Death (if applicable):	<input type="text" value="___/___/___"/>		
Has patient been informed of diagnosis:	<input type="text" value="YES"/>		<input type="text" value="NO"/>

Case Details

Surname:	<input type="text"/>	First Name:	<input type="text"/>	Sex:	<input type="text"/>
DOB:	<input type="text"/>	NHI:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Ethnic Group:	<input type="text"/>
Home PH:	<input type="text"/>	Work PH:	<input type="text"/>	Mobile:	<input type="text"/>
Address 1:	<input type="text"/>		Address 2:	<input type="text"/>	
Town:	<input type="text"/>		Occupation:	<input type="text"/>	

Recent travel history (if applicable):

Name of Parent/Caregiver:

Further Information:

Isolating:	<input type="text" value="YES"/>	<input type="text" value="NO"/>	<input type="text" value="N/A"/>	Details: <input type="text"/>
Vulnerable contacts:	<input type="text" value="YES"/>	<input type="text" value="NO"/>		Details: <input type="text"/>
Treatment provided:	<input type="text" value="YES"/>	<input type="text" value="NO"/>		Details: <input type="text"/>