Te Whatu Ora
Health New Zealand

Communicable Diseases, Protection Team
Te Mana Ora | Community and Public Health
National Public Health Service

Notifiable Disease Notification Form (for GP use)

To	**Te Mana Ora (Community and Public Health)**	Attention	**Medical Officer of Health**	Date	

Email (select one of the following)		
	☐ Waitaha | Canterbury	**CPHHealthProtection@cdhb.health.nz**
	☐ South Canterbury	**CPHoncallsouthcanterbury@cdhb.health.nz**
	☐ Te Tai o Poutini | West Coast	**HATWestCoast@cdhb.health.nz**

DISEASE: .....

Case identification *(affix label below or give details)*

Surname: .....

First names: .....

Address: .....

Suburb/City: .....

Phone:

Home: (…) .....

Work: (…) .....

Mobile: (…) .....

Date of birth: ...../...../.....

[or age years]

NHI: .....

Gender/Sex

☐ Male
☐ Female
☐ Other

Ethnicity: (tick all that apply)

☐ NZ Māori
☐ NZ Pakeha / European
☐ Other European
☐ Pacific Islander
☐ Other (specify): .....

Case demography

Occupation: .....

Place of work/school/preschool: .....

Recent overseas travel? ☐ Yes ☐ No If yes; where? .....

.....

Onset date: ...../...../..... Has patient been informed? ☐ Yes ☐ No

Suspected cause of infection (if known): .....

Additional information: .....

Notifier identification

Doctor's name *(print)*: ..... Email: .....

Contact phone: ..... Extension: .....

Surgery name and address: .....
(Surgery stamp)

Medical Laboratory used ☐ Canterbury Health ☐ Southern Community
☐ Other .....