



To Te Mana Ora Community and Public Health Medical Officer of Health Public Health Medical Officer of Health Public Health Publ	Notifiable Disease Notification Form (for GP use)							
Gelect one of the following South Canterbury South Canterbury CPHoncallsouthcanterbury CPHo	To Maria Ora			Attention		Date		
CAUTION: Kia ora. This information is legally privileged and confidential. If you have received this message in error, please forward to the above destination without delay. If the reader of this message is not the intended received this message in error, please forward to the above destination without delay. If the reader of this message is prohibited. Failure to comply with this caudion could result in legal action. Ngå milh i rhank you. DISEASE: Case identification (affix label below or give details) Surname: First names: Address: Suburbi/City: Date of birth: [or age years] [or age years] [or have remained received this message in error, please forward to the above or give details) Case identification (affix label below or give details) Phone: Horne: () Mobile: () Mobile: () Mobile: () Case demography Case demography Occupation: Place of work/school/preschool: Recent overseas travel? Yes No	Email	☐ Waitaha Canterbury				otection@cdhb.health.nz		
CAUTION: Kia ora. This information is legally privileged and confidential. If you have received this message in error, please forward to the above destination without delay. If the reader of this message is not the intended recipient you are hereby notified that any use, dissemination, distribution or reproduction of this message is prohabited. Failure to comply with this caution could result in legal action. Nga mini / thank you. DISEASE: Case identification (affix label below or give details) Surname:	(select one of the following)		· · · · · · · · · · · · · · · · · · ·					
above destination without delay. If the reader of this message is not the intended recipient you are hereby notified that any use, dissemination, distribution or reproduction of this message is prohibited. Failure to comply with this caution could result in legal action. Nga milni / thank you. DISEASE: Case identification (affix label below or give details) Surname:	☐ Te Tai o Poutini West Coast							
Case identification (affix label below or give details) Surname:	above destination without delay. If the reader of this message is not the intended recipient you are hereby notified that any use, dissemination,							
Phone:	DISEASE:							
Surnames: First names: Address: Address: Suburb/City: Date of birth: [or age years] NHI: Case demography Occupation: Place of work/school/preschool: Recent overseas travel? Yes No	Case identification (affix label below or give details)							
First names: Address: Suburb/City: Date of birth: [or age years] NHI: Case demography Occupation: Place of work/school/preschool: Recent overseas travel? Yes No If yes; where? Onset date: Onset date: I has patient been informed? Yes No Suspected cause of infection (if known): Additional information: Notifier identification Doctor's name (print): Surgery name and address: (Surgery stamp) Medical Laboratory used Canterbury Health Southern Community	Surname:					Phone:		
Address: Suburb/City: Date of birth: [or age years] [or age						Home: ()		
Suburb/City: Mobile: () Mobile: () Date of birth:	Address:					Work: ()		
Date of birth:						Mobile: (1	
Male	Suburb/City:							
[or age years] Female Other European Pacific Islander Other (specify): Case demography Occupation: Place of work/school/preschool: Recent overseas travel? Yes No If yes; where? Onset date:	Date of birth:		Gender/Se	Gender/Sex Ethnicity: (tick all that		apply)		
Female	[or age years]	_				•	
Case demography Occupation: Place of work/school/preschool: Recent overseas travel? □ Yes □ No □ If yes; where? Onset date: □ Yes □ No □ 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					-			
Occupation: Place of work/school/preschool: Recent overseas travel?					U Other (specify):			
Place of work/school/preschool: Recent overseas travel?								
Recent overseas travel?								
Onset date:	Place of work/school/preschool:							
Onset date:	Recent overseas travel? ☐ Yes ☐ No ☐ If yes; where?							
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								
Additional information: Notifier identification Doctor's name (print): Email: Extension: Contact phone: Extension: Surgery name and address: (Surgery stamp) Medical Laboratory used □ Canterbury Health □ Southern Community	Onset date:							
Notifier identification Doctor's name (print): Email: Extension: Contact phone: Extension: Extension: Surgery name and address: (Surgery stamp) Medical Laboratory used □ Canterbury Health □ Southern Community	Suspected cause of infection (if known):							
Doctor's name (print): Email: Contact phone: Extension: Surgery name and address: (Surgery stamp) Medical Laboratory used Canterbury Health Southern Community	Additional information:							
Contact phone: Extension: Surgery name and address: (Surgery stamp) Medical Laboratory used Canterbury Health Southern Community	Notifier identification							
Surgery name and address: (Surgery stamp) Medical Laboratory used Canterbury Health Southern Community	Doctor's name (print): Email:							
(Surgery stamp) Medical Laboratory used □ Canterbury Health □ Southern Community	Contact phone: Extension:							
	Medical Laboratory us		•		_			