|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Timely reporting of communicable disease is essential for their control. If you suspect or have confirmation of a Reportable Communicable Diseases or their etiologic agents (refer to Diseases of Public Health Significance List), please report them to the local Medical Officer of Health by phone or by **faxing to** **705-482-0670**  To contact the Communicable Disease Control Program from 8:30 a.m. to 4:30 p.m. **call 705-474-1400 or 1-800-563-2808 ext. 5229. After Hours: Press “0" for Answering Service and ask for the CDC Public Health Nurse On-Call.** | | | | | |
| **Patient Information** | | | | | |
| Last name, First name: | | | | Date of Birth (yyyy/mm/dd) | |
| Health Card #: | | | | Gender  Female  Male  Other | |
| Permanent Address: | | | | Telephone # | |
| City | Postal Code | | | Alternate Telephone # | |
| Parent (if child)/Next of Kin: | | | | Telephone # (if different than patient) | |
| **Attending Physician:** | | | | Family Physician: | |
| **Diagnostic Information** | | | | | |
| **Disease Being Reported** (Refer to DOPHS list): | | | | | |
| **Exposure Details** (if known)  Did the client attend any recent events or gatherings? If yes, please specify: | | | | | |
| **Travel History**  Yes  No  Unknown | | Travel Dates **To**:       **From:** | | | Travel Location: |
| **Hospitalized**  Yes  No Name of Hospital:  Admitting Diagnosis:       Date of Admission: | | | | | |
| **Clinical**  Date of onset: | | | **Signs and Symptoms:** | | |
| **Additional Comments:** | | | | | |
| **Report Source** | | | | | |
| **Name of Person Reporting:** | | | Signature: | | |
| Agency: | | | | | |
| Telephone: | | | Date: | | |

*“This information is being collected pursuant to the Health Protection and Promotion Act, R.S.O.1990, c.H.7 and will be retained, used, disclosed, and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, the Personal Health Information Protection Act, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure, and disposal of information. Any questions regarding this collection may be directed to the Personal Health Information Manager at the North Bay Parry Sound District Health Unit, 345 Oak St. W., North Bay, ON P1B 2T2, 705-474-1400 / 1-800-563-2808 or at* [*privacy@healthunit.ca*](mailto:privacy@healthunit.ca)*.”*