

Physician's Communicable Disease Report Form

Guide for Completion of Form:

- Under the *Health Protection Act* all notifiable diseases must be reported to Public Health. Please refer to "*It's the Law—Reporting Notifiable Diseases & Conditions*" for the list and urgency in reporting notifiable diseases.
- Complete all information requested on this form.
- Mail or fax this to your local Public Health Office.

Report Date _____

Name _____ Phone _____

Address _____ Postal Code _____

Date of Birth ___/___/____/ (dd/mm/yyyy) Gender: M F Other

Health Care Provider _____ Phone _____

Consulting Physician _____ Phone _____

Health Card No. _____

Occupation/School _____

Diagnosis _____

Onset Date ___/___/____/ (dd/mm/yyyy) Lab Confirmed: Yes No Pending, Date ___/___/____/ (dd/mm/yyyy)

If S.T.I.

1. Have all contacts been notified? Yes No
2. Do you require assistance with contact tracing? Yes No
3. Was education and counselling completed? Yes No
4. Was treatment given? Yes No
5. Drug Given _____ Yes No
6. a) Is this the first time this patient has been infected with an STI? Yes No
b) If this is not the first time, please provide details _____

7. Other Comments _____

Reporting Physician _____ Phone _____

Reported by _____

WESTERN ZONE

Annapolis Valley
Tel: 902-542-6310
Fax: 902-542-4429

South Shore
Tel: 902-543-0850
Fax: 902-527-4208

South West
Tel: 902-742-7141
Fax: 902-742-3083

NORTHERN ZONE

Colchester-East Hants
Tel: 902-893-5820
Fax: 902-893-2614

Cumberland
Tel: 902-667-3319
Fax: 902-893-2614

Pictou
Tel: 902-752-5151
Fax: 902-893-2614

EASTERN ZONE

Cape Breton
Tel: 902-563-2400
Fax: 902-563-2005

Guysborough and Antigonish
Tel: 902-867-4500 ext. 4800
Fax: 902-863-5111

CENTRAL ZONE

Halifax
Tel: 902-481-5800
Fax: 902-481-5889

CONFIDENTIAL