



Durham Region Health Department Diseases of Public Health Significance Notification Form

Patient Information

Last Name: _____ First Name: _____

Date of Birth (YY/MM/DD): _____ Date Reported (YY/MM/DD): _____

Male Female Transgender Unknown Pregnant: Yes No Not Applicable

Street Address: _____

Home Phone: _____ Cell Phone: _____

Reporting Information:

Disease Being Reported: _____

Physician: _____ Phone: _____ Fax: _____

Family Physician (if different from above): _____ Phone: _____ Fax: _____

Hospitalized Date of Admission (YY/MM/DD): _____

LH Ajax Pickering LH Bowmanville LH Oshawa LH Port Perry LH Whitby

OVH Uxbridge Ontario Shores Other _____

Emergency Room Visit: Yes No Transported by Ambulance Yes No

Recent Travel History: Yes No Specify: _____

Contact of a Known or Suspect Case Yes No Specify: _____

Clinical Presentation

Symptoms

Onset Date (YY/MM/DD)

Testing – Diagnostics Ordered
(forward all relevant diagnostic reports)

Collection Date (YY/MM/DD)

Treatment

Medication Ordered

Start Date (YY/MM/DD)

Do Not Email. Please refer to the Durham Region's list of [Diseases of Public Health Significance](#) for Fax and Contact Numbers

Personal health information is collected under the authority of *Health Protection and Promotion Act* R.S.O. 1990 c.H.7, s. 5 (as amended). This information is collected and used for the purpose of preventing, eliminating and/or decreasing the effects of a health hazard. Questions about this collection of information should be addressed to Durham Region Health Department, Manager, Health Information, Privacy and Security at 605 Rossland Rd E, PO Box 730, Whitby, ON L1N 0B2 (905) 668-7711.