



**Durham Region Health Department
Infectious Diseases Prevention & Control
Diseases of Public Health Significance Notification**

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

MSH Uxbridge Ontario Shores Other _____

Emergency Room Visit: Yes No Transported by Ambulance Yes No

Clinical Presentation

Symptoms	Onset Date (YY/MM/DD)
_____	_____
_____	_____
_____	_____

Testing

Diagnostics Ordered (please 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.