



YOU MAY NOTIFY BY POST, TELEPHONE or FACSIMILE
RETURN TO: Communicable Disease Control Directorate
PO Box 8172, Perth Business Centre WA 6849
Telephone: (08) 9388 4852 Fax: (08) 9388 4848
A/H emergency: (08) 9328 0553

1. PATIENT

Family name _____
 Given name _____
 Street address _____
 Suburb/Town _____

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 postcode (essential)
 Phone

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 Home

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 Work/Mobile

2. PATIENT DETAILS

Sex Male Female
 Date of birth

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 dd mm yyyy
 Occupation, or name of any school/childcare centre attended (please specify)

 Recent travel overseas No Yes _____ (please specify)
 Infection acquired WA Interstate Overseas
 Country of birth Australia Other _____ (please specify)
 Ethnicity Aboriginal or Torres Strait Islander Other

3. DETAILS OF CONDITION

How was infection identified? clinical presentation
 contact tracing screening
 Date of onset

		20
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 dd mm yyyy Date of death (if applicable)

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 dd mm yyyy
 Was the patient hospitalised? No Yes

CONFIRMATION OF DIAGNOSIS

lab lab pending linked to lab-confirmed case clinical only
 If lab confirmed, specify method _____

FOLLOW-UP/CONTACT TRACING (tick one or more boxes below)

Client informed that DOH may investigate possible contacts/sources
 All contacts have been/will be tested and treated by me
 Other _____ (please specify)

4. DOCTOR/HOSPITAL DETAILS (must be complete and legible)

Name

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 telephone (essential)
 Address

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 fax (optional)

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 postcode
 Signature _____ Date

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Tick this box if you require more forms and pre-paid envelopes
 (or print from www.notifications.health.wa.gov.au)

5. NOTIFIABLE INFECTIOUS DISEASES Tick box below

WA Health Act (1911). Please notify ☎ conditions by telephone, plus food-borne illness (2 or more linked cases), and enteric infection in a food handler, health professional or child care worker. Otherwise fax or post the notification form.

- Adverse event following immunisation – USE SEPARATE FORM
 Amoebiasis
 Amoebic meningitis
 Anthrax
 Arboviral encephalitis (MVE, Kunjin, JE, other: specify _____)
 Barmah Forest Virus infection
 Botulism (food-borne)
 Brucellosis
 Campylobacter infection Species: _____
 Chlamydia (genital infection)
 Cholera
 Creutzfeldt-Jakob Disease (CJD: classical or variant)
 Cryptosporidiosis
 Dengue fever
 Giardiasis
 Gonorrhoea Penicillin sensitivity: Yes No unknown
 Haemolytic uraemic syndrome
 Haemophilus influenzae type b infection (invasive)
 Hepatitis A
 Hepatitis B newly acquired (<2 yrs) carrier/unspecified
 Hepatitis C newly acquired (<2 yrs) unspecified
 Hepatitis (other) D E
 HIV/AIDS – USE SEPARATE NOTIFICATION FORM
 Hydatid disease
 Influenza A B
 Legionella infection Species: _____
 Leprosy
 Leptospirosis
 Listeriosis
 Lyssavirus infection (ABL, other: specify: _____)
 Malaria Species: _____
 Measles
 Melioidosis
 Meningococcal infection meningitis septicaemia
 Methicillin Resistant *Staphylococcus aureus* (MRSA) infection
 Mumps
 Paratyphoid fever
 Pertussis
 Pneumococcal infection (invasive)
 Poliomyelitis
 Psittacosis (ornithosis)
 Q fever
 Rabies
 Ross River Virus infection
 Rotavirus
 Rubella non-congenital congenital
 Salmonella infection Serotype: _____
 Scarlet fever
 Schistosomiasis (Bilharzia)
 Severe Acute Respiratory Syndrome (SARS)
 Shiga toxin (Verotoxin) producing *E coli* (STEC/VTEC) infection
 Shigellosis (Bacillary dysentery) Species: _____
 Syphilis 1° 2° early latent (<2 yrs) late latent 3° congenital
 Tetanus
 Tuberculosis
 Typhoid fever
 Typhus (Rickettsial infection)
 Varicella chickenpox zoster unspecified
 Vibrio parahaemolyticus infection
 Viral haemorrhagic fevers (Crimean-Congo, Ebola, Lassa, Marburg)
 Yellow fever
 Yersinia infection

RARELY NOTIFIED DISEASES

- Diphtheria Plague Smallpox Tularaemia
 Chancroid (soft sore) Donovanosis (*Granuloma inguinale*)

6. CLINICAL COMMENTS