

Suspected Infectious Disease Outbreak in Institution

NOTIFICATION FORM

To: Central Notification Office (CENO), Centre for Health Protection (Fax: 2477 2770)

cc: Registration Office of Private Residential Care Homes for Persons with Disabilities (ROPRCHD), Social Welfare Department (Fax : 2153 0071)

NOTE: To enable prompt investigation and control of outbreak, please call **CENO** by phone (2477 2772) before sending fax notification.

Name of institution:	_____	(Code no.: _____)
Address of institution:	_____ _____	
Contact person:	_____ (Post: _____)	Tel.: _____
Total no. of residents:	_____	Total no. of staff: _____ Fax: _____
No. of sick residents:	_____	(No. admitted into hospital : _____)
No. of sick staff:	_____	(No. admitted into hospital : _____)
Common symptoms: (May tick multiple)	<input type="checkbox"/> Fever <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough <input type="checkbox"/> Runny nose <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Vomiting <input type="checkbox"/> Skin rash <input type="checkbox"/> Blisters on hand/foot <input type="checkbox"/> Oral ulcers <input type="checkbox"/> Others (Please specify: _____)	
Suspected disease:	_____	
Reported by:	_____	Contact tel.: _____
Signature:	_____	Date of fax: _____