

**Notification Form for Suspected Outbreak of Infectious Disease in RCHDs****Suspected Outbreak of Infectious Disease in RCHDs****NOTIFICATION FORM****To: Central Notification Office (CENO), Centre for Health Protection (Fax: 2477 2770)****cc: Licensing Office of Residential Care Homes  
for Persons with Disabilities (LORCHD) of Social Welfare Department (Fax: 2153 0071)**

Name of RCHD: \_\_\_\_\_ (LORCHD no: \_\_\_\_\_ )

Address of RCHD: \_\_\_\_\_

Contact person: \_\_\_\_\_ (Post: \_\_\_\_\_ ) Tel: \_\_\_\_\_

Total no. of residents: \_\_\_\_\_ Total no. of staff: \_\_\_\_\_ Fax: \_\_\_\_\_

No. of sick residents: \_\_\_\_\_ (No. admitted to hospital: \_\_\_\_\_ )

No. of sick staff: \_\_\_\_\_ (No. admitted to hospital: \_\_\_\_\_ )

Common symptoms:  Fever  Sore throat  
 (May tick multiple items)  Cough  Running nose  
 Diarrhoea  Vomiting  
 Skin rash  Blisters on hand/foot  Oral ulcers  
 Others (Please specify: \_\_\_\_\_ )

Suspected infectious disease: \_\_\_\_\_

Reported by Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Fax on: \_\_\_\_\_ (date)

For enquiries, please call 2477 2772