

Suspected Infectious Disease Outbreak in RCHE

NOTIFICATION FORM

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

c.c.: LORCHE (Fax: 2574 3106 or 3106 3058)

CGAT (if applicable) (Fax:)

Name of institution:	_____ (LORCHE 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:	_____	Fax on:	_____
For enquiries, please call 2477 2772			