

# Suspected Infectious Disease Outbreak in School / Kindergarten /KG-cum CCC /Child Care Centre NOTIFICATION FORM

**To: Central Notification Office (CENO), Centre for Health Protection (Fax: 2477 2770)**  
(Email : [diseases@dh.gov.hk](mailto:diseases@dh.gov.hk))

\* **School / KG** - fax copy to **School Development Section** of **Education Bureau** in respective district

† **KG-cum-CCC** - fax copy to **Joint Office for Kindergartens and Child Care Centres** of **Education Bureau**  
(Fax: 3107 2180 )

‡ **CCC** - fax copy to **Child Care Centres Advisory Inspectorate** of **Social Welfare Department**  
(Fax: 2591 9113 )

Type of organization: (Please tick one)	<input type="checkbox"/> School*	<input type="checkbox"/> Kindergarten*	
	<input type="checkbox"/> Kindergarten-cum-child care centre†	<input type="checkbox"/> Child care centre‡	
Name of organization _____		(Code no.: _____)	
Address: _____			
Contact person: _____	(Post: _____)	Fax: _____	
Tel (office hours): _____		Tel (outside office hours): _____	
Total no. of students/children: _____		Total no. of staff: _____	
No. of sick students/children: _____	(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: _____ (dd/mm/yyyy)	

**For enquiries, please call 2477 2772**

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