**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) |[ ]  Fever |[ ]  Sore throat |
|  |[ ]  Cough |[ ]  Runny nose |
|  |[ ]  Diarrhoea |[ ]  Vomiting |
|  |[ ]  Skin rash |[ ]  Blisters on hand/foot |[ ]  Oral ulcers |
|  |[ ]  Others (Please specify: |  | ) |
|  |
| Suspected disease: |  |  |
|  |  |  |
|  |  |
| Reported by: |  |  | Contact tel.: |  |  |
|  |
| Signature: |  |  | Fax on: |  |  |
|  |  |
| For enquiries, please call 2477 2772 |  |
|  |  |