**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: |  | | ) |

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| Name of institution: | | | |  | | | | | | | | | | | | (LORCHE No.: | | | | | |  | | | | | | ) |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of institution: | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
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| 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: | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Reported by: |  | | | | | | | | |  | | | | | Contact tel.: | | | |  | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: |  | | | | | | | | |  | | | | | Fax on: | | | |  | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| For enquiries, please call 2477 2772 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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