**Notification Form for Suspected Outbreak of Infectious Disease in RCHDs**

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

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| 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: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reported by | | Name: | | | |  | | | | | | | | | | | | |  | | | Telephone No.: | | | | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Signature: | | | | | |  | | | | | | | | | | |  | | Fax on: | | | |  | | | | | | | (date) | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For enquiries, please call 2477 2772 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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