**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)** |

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