This form is for notification of:

* Campylobacter
* Cryptosporidium
* Giardia
* Hepatitis A and E
* Paratyphoid
* Salmonella
* Shigellosis
* Typhoid
* VTEC/STEC
* Yersiniosis

|  |  |  |  |
| --- | --- | --- | --- |
| **Notification Details** | [ ]  General Practitioner | [ ]  Hospital Practitioner | [ ]  Other |
| **Suspected ILLNESS** | **Please specify** |
| **Name of person notifying** | **Add name** | **Date reported** | **Click for date** |
| **Organisation** | **Enter organisation name** | **Phone** | **Organisation phone** |
| **Usual GP & Practice** | **GP name** | **GP Phone** | **GP phone** |
| **Patient details and risk factors** |
| **Name of case** | **Surname** | **Given name(s)** |
| **NHI Number** | **Add NHI #** | **Date of birth** | **Add DOB** | **Gender** | **Select from list** |
| **Address** | **Add address** |
| **Email address** | **Add email** |
| **Phone (home)** | **Add phone #** | **Phone (work)** | **Add alt #** | **Mobile** | **Add mobile #** |
| **Ethnicity** | **Choose an item** | **Other, please specify** |
| **Occupation**  | **Please specify** |
| **Employer**  | **Please specify** |
| **BASIS OF DIAGNOSIS**  |
| **Symptoms** | **Please specify** |
| **Onset date of symptoms** | **Select date** |
| **Lab result (if tested)** | **Add comments here** |
| **Please complete if notifying for: Hepatitis A and E, Paratyphoid, Shigellosis, Typhoid, VTEC/STEC** |
| **Returned from overseas?** | **Please specify** |
| **Contact with another case?** | **Please specify** |

**Thank you for completing this form. You may be contacted by ARPHS for further information.
Email to ARPHS at** **notify@adhb.govt.nz**