



## Diseases of Public Health Significance (DOPHS) Reporting Form

Timely reporting of communicable disease is essential for their control. If you **suspect** or have **confirmation** of a DOPHS or their etiologic agents (refer to DOPHS List), please report them to the local Medical Officer of Health by phone or by **fax to 705-482-0670**.

Contact the Communicable Disease Control (CDC) program Monday to Friday 8:30 a.m. to 4:30 p.m. by phone: **705-474-1400** or toll free **1-800-563-2808, ext. 5229**. **After Hours, weeks, and holidays: Press "0" for Answering Service and ask to leave a message for the CDC Public Health Nurse On-Call.**

<b>Patient Information</b>			
Surname: _____		Given name: _____	
Health Card #:		Date of Birth (yyyy/mm/dd)	
Permanent Address:		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
City		Telephone #:	
Postal Code		Email address:	
Parent (if child)/Next of Kin:		Telephone # (if different than patient)	
<b>Attending Physician:</b>		Family Physician:	
<b>Diagnostic Information</b>			
<b>Disease Being Reported</b> (Refer to DOPHS list):			
<b>Exposure Details</b> (if known) Did the client attend any recent events or gatherings? If yes, please specify:			
<b>Travel History</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Travel Dates To: _____ From: _____	
Travel Location:		Name of Hospital:	
<b>Hospitalized</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Admission:	
Admitting Diagnosis:			
Precautions Implemented: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A, specify:			
<b>Clinical</b> Date of onset:		<b>Signs and Symptoms:</b>	
<b>Additional Comments:</b>			
<b>Report Source</b>			
<b>Name of Person Reporting:</b>		Signature:	
Agency:			
Telephone:		Date:	

"This information is being collected pursuant to the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 and will be retained, used, disclosed, and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, the Personal Health Information Protection Act, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure, and disposal of information. Any questions regarding this collection may be directed to the Personal Health Information Lead at the North Bay Parry Sound District Health Unit, 345 Oak Street West, North Bay, ON P1B 2T2, 705-474-1400 / 1-800-563- 2808 or at [privacy@healthunit.ca](mailto:privacy@healthunit.ca)."