WINDSOR-ESSEX COUNTY HEALTH unit
Bureau de santé de Windsor-comté d'Essex

All Other DOPHS

HEALTH CARE PROVIDER REPORTING FORM

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for health care providers and institutions to report **any suspect or confirmed disease of public health significance (DoPHS)** to the Medical Officer of Health.

This form is required to be completed and faxed to the Windsor-Essex County Health Unit (WECHU) – Infectious Disease Prevention Department (fax: 226-783-2132), after-hours (fax: 226-783-2113, phone: 519-973-4510).

Date Reported (YYYY/MM/DD)**:**	**Reporting Provider Name**	**Phone Number** ( ) - ext.
DOPHS Reported (specify):		

SECTION A: PATIENT INFORMATION		
Patient Name: (First) (Middle) (Last)		
Date of Birth (YYYY/MM/DD)**:**	**Age:**	**Sex:**
Address: (Street) (City) (Postal Code)		
Home Phone: ( )	**Alternate Phone:** ( )	
Parent/Guardian Name (if applicable):		

SECTION B: PRESENTING SIGNS AND SYMPTOMS			
✓ **SIGNS & SYMPTOMS**	**Onset Date (YYYY/MM/DD)**	✓ **SIGNS & SYMPTOMS**	**Onset Date (YYYY/MM/DD)**
☐ Asymptomatic		☐ Malaise [general unwell feeling]	
☐ Chills		☐ Myalgia [muscle pain]	
☐ Cough		☐ Respiratory distress	
☐ Diarrhea		☐ Sore throat/hoarseness/difficulty swallowing	
☐ Difficulty breathing		☐ Vomiting	
☐ Fever (> 38° C)		☐ Other, *specify*:	
☐ Headache			

SECTION C: LAB INFORMATION	
Specimen type:	Date Collected:

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: _____