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

Enteric/Food-Borne Diseases

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** to the Medical Officer of Health.

This form is required to be completed and faxed within one working day of the initial patient assessment to the Windsor-Essex County Health Unit (WECHU) – Infectious Disease Prevention Department (fax: 226-783-2132).

Date Reported (YYYY/MM/DD)**:**	**Disease Being Reported:**		
	☐ Amebiasis	☐ Food poisoning	☐ Shigellosis
	☐ Campylobacter	☐ Giardiasis	☐ Trichinosis
	☐ Cryptosporidiosis	☐ Listeriosis	☐ Yersiniosis
	☐ Cyclosporiasis	☐ Salmonellosis	☐ Other:

Name and Contact Number of Reporting Health Care Provider:

( ) - ext.

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	
☐ Abdominal Pain/Cramps		☐ Nausea	
☐ Abdominal Bloating or Flatulence		☐ Vomiting	
☐ Anorexia (loss of appetite)		☐ Other:	
☐ Diarrhea		☐ Other:	
☐ Fever		☐ Other:	

SECTION C: LAB AND TREATMENT INFORMATION (Please attach all lab results)

Specimen type:	Date Collected:

Was treatment ordered? ☐ No ☐ Yes If yes, treatment details:

SECTION D: RISK FACTORS		
☐ **Yes** ☐ **No**	Travel outside of Ontario	Locations: Date of return (YYYY/MM/DD):
☐ **Yes** ☐ **No**	Patient works in the food industry	Details:
☐ **Yes** ☐ **No**	Patient works in a daycare	Details:
☐ **Yes** ☐ **No**	Patient works in health care	Details:

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: _____

The most current version of the form is available on our website: https://www.wechu.org/forms.