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

Reportable Disease Form

Infectious Disease Fax: 226-783-2132
Clinical Services (STI) Fax: 519-254-0134
include admission module with form for demographics

Reportable Disease: Date Reported: Click here to enter a date.

Patient Name: MRN: DOB (mm/dd/yr):

Occupation / School: ; ☐ unknown

Symptom onset: Click here to enter a date. **Symptoms** (list):

Admission Date: Click here to enter a date. Discharge Date: Click here to enter a date. ☐ ER only

Outcome: ☐ Discharged home Other:

ICU Admission: ☐ Yes ☐ No
Intubation Date: Click here to enter a date. ☐ NA Extubation Date: Click here to enter a date. ☐ NA
Expired Date: Click here to enter a date.; ☐ NA
Cause of Death: ; ☐ unknown or Death Certificate not available

☐ **Refer to consults for this admission** (or see specific consult listed below):

Event Date / Dictated date	Dictated by / Physician
Click here to enter a date.	
Click here to enter a date.	

Treatment: ☐ **Refer to pharmacy module** (or see specific treatment listed below):

Medication	Dosage	Start date	Start time*
		Click here to enter a date.	
		Click here to enter a date.	
		Click here to enter a date.	
		Click here to enter a date.	

*start time required for iGAS, *N. meningitidis*, and HIB only

Travel history (where, when, length of stay): ☐ NA
Exposure (suspected source of infection – sick contacts, event): ☐ NA

Other relevant information / Referrals:
Patient aware of diagnosis: ☐ Yes ☐ Uncertain

Ambulance Call # (iGAS, *N. meningiditis* only):
Hep B vaccine (baby only) Mom Name: MRN: DOB:
For TB – date airborne precautions initiated: Click here to enter a date.

Reported by:

WRH 519-254-5577 ☐ Met: ext: 52358 ☐ Ouellette: ext: 33578
☐ HDGH Tayfour campus: 519-257-5111 ext: ☐ Erie Shores: 519-326-2373 ext: 4124