

# DOCTOR/HOSPITAL REPORT OF CLINICALLY NOTIFIABLE CONDITIONS

Please urgently notify all conditions marked ☎ to your nearest CDC by telephone or fax.

## PATIENT DETAILS

Surname (first 2 letters only for HIV/AIDS) \_\_\_\_\_ First Name (first 2 letters only for HIV/AIDS) \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  Male  Female  
 Address or Community (not for HIV/AIDS) \_\_\_\_\_ Telephone \_\_\_\_\_ Postcode   
 Indigenous status Aboriginal / Torres Strait Islander / Aboriginal and Torres Strait Islander / Non-Indigenous / Not stated

<b>CONDITION</b> (please tick one or more)		
<input type="checkbox"/> AIDS	<input type="checkbox"/> ☎ Haemophilus influenzae type b (invasive)	<input type="checkbox"/> ☎ Pertussis
<input type="checkbox"/> ☎ Acute post-streptococcal glomerulonephritis	<input type="checkbox"/> Hepatitis B: newly acquired	<input type="checkbox"/> ☎ Plague
<input type="checkbox"/> Adverse vaccine reactions	<input type="checkbox"/> Hepatitis B: chronic	<input type="checkbox"/> ☎ Poliomyelitis
<input type="checkbox"/> ☎ Anthrax	<input type="checkbox"/> Hepatitis B: unspecified	<input type="checkbox"/> ☎ Rabies
<input type="checkbox"/> ☎ Australian Bat Lyssavirus	<input type="checkbox"/> Hepatitis C: newly acquired	<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> ☎ Avian influenza	<input type="checkbox"/> Hepatitis C: chronic	<input type="checkbox"/> First episode
<input type="checkbox"/> ☎ Botulism	<input type="checkbox"/> Hepatitis C: unspecified	<input type="checkbox"/> Recurrence
<input type="checkbox"/> ☎ Chancroid	<input type="checkbox"/> Hepatitis not otherwise specified	<input type="checkbox"/> Rubella
<input type="checkbox"/> Chickenpox	<input type="checkbox"/> ☎ Hepatitis (acute viral)	<input type="checkbox"/> ☎ Severe Acute Respiratory Syndrome (SARS)
<input type="checkbox"/> ☎ Cholera	<input type="checkbox"/> HTLV 1	<input type="checkbox"/> ☎ Smallpox
<input type="checkbox"/> Congenital Rubella Syndrome	<input type="checkbox"/> - Adult T cell leukaemia/lymphoma	<input type="checkbox"/> Syphilis < 2 years duration
<input type="checkbox"/> Congenital syphilis	<input type="checkbox"/> - Tropical spastic paraparesis	<input type="checkbox"/> Syphilis > 2 years duration
<input type="checkbox"/> Creutzfeldt-Jakob Disease	<input type="checkbox"/> ☎ Japanese Encephalitis	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Dengue virus infection (☎ if suspected to be NT acquired)	<input type="checkbox"/> ☎ Kunjin virus infection	<input type="checkbox"/> ☎ Thrombotic thrombocytopenic purpura (TTP)
<input type="checkbox"/> ☎ Diphtheria	<input type="checkbox"/> Leprosy	<input type="checkbox"/> ☎ Tuberculosis
<input type="checkbox"/> Donovanosis	<input type="checkbox"/> Lymphogranuloma venereum (LGV)	<input type="checkbox"/> ☎ Tularaemia
<input type="checkbox"/> ☎ Food or water borne disease (in 2 or more related cases)	<input type="checkbox"/> ☎ Lyssavirus not otherwise specified	<input type="checkbox"/> ☎ Typhoid
<input type="checkbox"/> ☎ Gastroenteritis involving 1 or more related cases in an institution or food handler	<input type="checkbox"/> ☎ Malaria	<input type="checkbox"/> Typhus (all forms)
<input type="checkbox"/> ☎ Gonococcal conjunctivitis	<input type="checkbox"/> ☎ Measles	<input type="checkbox"/> Varicella infection unspecified
<input type="checkbox"/> ☎ Haemolytic uraemic syndrome (HUS)	<input type="checkbox"/> ☎ Meningococcal infection	<input type="checkbox"/> ☎ Viral haemorrhagic fevers
	<input type="checkbox"/> Mumps	<input type="checkbox"/> - Crimean-Congo fever
	<input type="checkbox"/> ☎ Murray Valley Encephalitis	<input type="checkbox"/> - Ebola virus disease
	<input type="checkbox"/> Non-tuberculous mycobacterial disease	<input type="checkbox"/> - Lassa Fever
		<input type="checkbox"/> - Marburg virus disease
		<input type="checkbox"/> ☎ Yellow Fever
		<input type="checkbox"/> Zoster (shingles)

## CASE DETAILS

Date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_ Hospitalised  Yes  No Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_ (if applicable)  
 Vaccination status (for the notified disease) Fully vaccinated for age / Partially vaccinated for age / Unvaccinated / Unknown  
 Vaccination validation (ACIR/NT register/health record) / Not validated (self or parent recall) / Information not collected  
 Number of vaccine doses given (for the notified disease) \_\_\_\_\_  
 Case Found by Clinical presentation / Contact tracing (or epidemiological investigation) / Screening / Unknown

## DIAGNOSIS (please tick one or more)

Clinical (Please list symptoms) \_\_\_\_\_

**LABORATORY**  Westerns  IMVS  Sullivan Nicolaides  Gribbles  RDH  GDH  KDH

ASH  TCH  Other

Specimen collected \_\_\_\_/\_\_\_\_/\_\_\_\_ Specimen Type (eg urine) \_\_\_\_\_

Serology  Antigen detection  Microscopy  Histopathology  Nucleic acid testing  Culture

Other  Unknown

## DOCTOR/CLINIC/HOSPITAL DETAILS

Name (or surgery/clinic stamp) \_\_\_\_\_ Telephone \_\_\_\_\_ Date of notification \_\_\_\_/\_\_\_\_/\_\_\_\_ Date received (CDC use only) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address or Community (or surgery/clinic stamp) \_\_\_\_\_ Postcode

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## **DOCTOR/HOSPITAL REPORT OF CLINICALLY NOTIFIABLE CONDITIONS**

**Please urgently notify all conditions marked 📞 to your nearest CDC by telephone or fax.**

This notification form includes the list of notifiable diseases that are notifiable by clinicians and conditions that are only notifiable by laboratories are not included.

To determine which diseases are notifiable by laboratories refer to the list of notifiable conditions at <http://www.nt.gov.au/health/cdc/cdc.shtml>