

# NOTIFICATION OF DISEASE TO PUBLIC HEALTH SOUTH

email is the preferred method of delivery for this form to: [notifyMOH@southerndhb.govt.nz](mailto:notifyMOH@southerndhb.govt.nz)

OTAGO  
PH: 03 476 9865  
FAX: 03 476 9858

SOUTHLAND  
PH: 03 211 8500  
FAX: 03 214 9070

Please provide the following information about the case, thank you.

DISEASE:	<input type="text"/>	DATE:	<input type="text"/>
HEALTH PRACTITIONER NOTIFYING:	<input type="text"/>	PHONE:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>	PRACTICE:	<input type="text"/>
USUAL GP:	<input type="text"/>	ONSET DATE:	<input type="text"/>
LAB TESTS REQUESTED ON SUSPICION OF DISEASE:	<input type="text"/>		
HOSPITALISED (DETAILS):	<input type="text"/>		
DATE OF DEATH (IF APPLICABLE):	<input type="text"/>	HAS THE PATIENT/CARER BEEN INFORMED OF DIAGNOSIS?	<input type="text"/>

## CASE DETAILS:

SURNAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>	SEX:	<input type="text"/>
DOB:	<input type="text"/>	NHI:	<input type="text"/>	ETHNIC GROUP:	<input type="text"/>
ADDRESS 1:	<input type="text"/>				
ADDRESS 2:	<input type="text"/>				
HOME PH:	<input type="text"/>	WORK PH:	<input type="text"/>	MOBILE:	<input type="text"/>
OCCUPATION:	<input type="text"/>	PLACE OF WORK/SCHOOL:	<input type="text"/>		
RECENT TRAVEL HISTORY (IF APPLICABLE):	<input type="text"/>				
NAME OF PARENT/CAREGIVER:	<input type="text"/>				
FURTHER INFORMATION:	<input type="text"/>				

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*This button will clear all content from the form.*

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