

FORM 1
PREVENTION AND CONTROL OF DISEASE ORDINANCE
(Cap. 599)

TUBERCULOSIS NOTIFICATION

Particulars of Infected Person

Name in English:		Name in Chinese:		Age / Sex:		I.D. Card / Passport No.:		
Residential Address:						Telephone No.:		
Name and address of workplace / school / other institution:						(Home) :		
Job title / Class attended :						(Mobile) :		
Hospital / Clinic sent to (if any):						Patient :		
Hospital No.:						Family member :		
Hospital / Clinic sent to (if any):						(Office / school / others):		
Site of TB (please ✓ all applicable)				Sputum (please ✓ and attach laboratory report if available)			Other specimens (specify and ✓ below):	
<input type="checkbox"/> Lung	<input type="checkbox"/> Meninges							
<input type="checkbox"/> Pleura	<input type="checkbox"/> Bone & Joint							
<input type="checkbox"/> Lymph node	<input type="checkbox"/> Urinary system							
<input type="checkbox"/> Miliary	<input type="checkbox"/> Genital system							
<input type="checkbox"/> Other(s) (please specify):								
Duration of stay in Hong Kong: _____ Years				Disposal (please ✓ in front boxes and specify):				
History of past treatment for TB (delete whichever not applicable): Yes / No				<input type="checkbox"/> Treatment started on: _____ (Date: dd/mm/yyyy)				
If yes, YEAR first receiving treatment: _____				<input type="checkbox"/> On observation				
				<input type="checkbox"/> Referred to _____ Hospital / Clinic / Private Practitioner				
				<input type="checkbox"/> Died on: _____ (Date: dd/mm/yyyy)				

(Please DELETE whichever is not applicable)

I will arrange for examination of contacts myself. / Please arrange for examination of contacts.

Further Remarks:

Notified under the Prevention and Control of Disease Regulation by

Dr. _____ of _____ Hospital / Clinic / Private Practice
(Full Name in BLOCK Letters)

_____ Ward / Unit / Specialty on _____ / _____ / _____ (Date: dd/mm/yyyy)

Telephone No.: _____ Fax No.: _____

(Signature)