

Suspected Infectious Disease Outbreak in Residential Institution

NOTIFICATION FORM

**To: Central Notification Office (CENO)
Centre for Health Protection**

(Fax: 2477 2770)

Please fax copy to respective offices of Social Welfare Department, Education Bureau or other concerned government departments for information.

Name of institution: _____	(Code No. _____)
Address of institution: _____ _____	
Contact person: _____	(Post: _____) Fax: _____ Tel: _____
Total no. of residents: _____	Total no. of staff: _____
No. of sick residents: _____ (No. admitted into hospital : _____)	
No. of sick staff: _____ (No. admitted into hospital : _____)	
Common symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Sore throat (May tick multiple) <input type="checkbox"/> Cough <input type="checkbox"/> Runny nose <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Vomiting <input type="checkbox"/> Skin rash <input type="checkbox"/> Blisters on hand/foot <input type="checkbox"/> Oral ulcers <input type="checkbox"/> Others (Please specify: _____)	
Suspected disease: _____	
Reported by: _____ (Name)	Contact tel.: _____
Signature: _____	Fax on: _____ (dd/mm/yyyy)
For enquiries, please call 2477 2772	