

Suspected Infectious Disease Outbreak in Residential Institution

NOTIFICATION FORM

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

(Fax:24772770)
(Email:diseases@dh.gov.hk)

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: (May tick multiple)	<input type="checkbox"/> Fever <input type="checkbox"/> Sore throat <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:	_____	Date: _____ (dd/mm/yyyy)
For enquiries, please call 2477 2772		