**Restricted**

**FORM 2**

**PREVENTION AND CONTROL OF DISEASE ORDINANCE**

**(Cap. 599)**

**Notification of Infectious Diseases other than Tuberculosis**

**Particulars of Infected Person**

|  |  |  |  |
| --- | --- | --- | --- |
| Name in English: | Name in Chinese: | Age / Sex: | I.D. Card / Passport No.: |
| Residential address: | | | Telephone No.  (Home):  (Mobile):  (Office / school / others): |
| Name and address of workplace / school: | | |
| Job title / Class attended: | | |
| Hospital / Clinic sent to (if any): | | | Hospital / A&E No.: |

Disease [“✓”] below Suspected / Confirmed on \_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ (Date: dd/mm/yyyy)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □ | Acute poliomyelitis | □ | *Haemophilus influenzae* | □ | Rubella and congenital |
| □ | Amoebic dysentery |  | type b infection (invasive) |  | rubella syndrome |
| □ | Anthrax | □ | Hantavirus infection | □ | Scarlet fever |
| □ | Bacillary dysentery | □ | Invasive pneumococcal disease | □ | Severe Acute Respiratory |
| □ | Botulism | □ | Japanese encephalitis |  | Syndrome |
| □ | Chickenpox | □ | Legionnaires' disease | □ | Severe Respiratory Disease |
| □ | Chikungunya fever | □ | Leprosy |  | associated with a Novel |
| □ | Cholera | □ | Leptospirosis |  | Infectious Agent |
| □ | Community-associated methicillin-resistant | □ | Listeriosis | □ | Shiga toxin-producing |
|  | *Staphylococcus aureus* infection | □ | Malaria |  | *Escherichia coli* infection |
| □ | Creutzfeldt-Jakob disease | □ | Measles | □ | Smallpox |
| □ | Dengue fever | □ | Meningococcal infection (invasive) | □ | *Streptococcus suis* infection |
| □ | Diphtheria | □ | Middle East Respiratory Syndrome | □ | Tetanus |
| □ | Enterovirus 71 infection | □ | Mumps | □ | Typhoid fever |
| □ | Food poisoning | □ | Novel influenza A infection | □ | Typhus and other rickettsial |
|  | Number of persons known to be affected: | □ | Paratyphoid fever |  | diseases |
|  | Place and district of consumption | □ | Plague | □ | Viral haemorrhagic fever |
|  | (e.g. “XX Restaurant in Mongkok”): | □ | Psittacosis | □ | Viral hepatitis |
|  |  | □ | Q fever | □ | West Nile Virus Infection |
|  |  | □ | Rabies | □ | Whooping cough |
|  |  | □ | Relapsing fever | □ | Yellow fever |
|  | Date of consumption: |  |  | □ | Zika Virus Infection |

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) |
| Remarks: | | |

DH 1(s)(Rev. January 2020)