**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* | □ | Relapsing fever |
| □ | Amoebic dysentery |  | type b infection (invasive) | □ | Rubella and congenital |
| □ | Anthrax | □ | Hantavirus infection |  | rubella syndrome |
| □ | Bacillary dysentery | □ | Invasive pneumococcal disease | □ | Scarlet fever |
| □ | Botulism | □ | Japanese encephalitis | □ | Severe Acute Respiratory |
| □ | Chickenpox | □ | Legionnaires' disease |  | Syndrome |
| □ | Chikungunya fever | □ | Leprosy | □ | Shiga toxin-producing |
| □ | Cholera | □ | Leptospirosis |  | *Escherichia coli* infection |
| □ | Community-associated methicillin-resistant | □ | Listeriosis | □ | Smallpox |
|  | *Staphylococcus aureus* infection | □ | Malaria | □ | *Streptococcus suis* infection |
| □ | Coronavirus disease 2019 (COVID-19) | □ | Measles | □ | Tetanus |
| □ | Creutzfeldt-Jakob disease | □ | Melioidosis | □ | Typhoid fever |
| □ | Dengue fever | □ | Meningococcal infection (invasive) | □ | Typhus and other rickettsial |
| □ | Diphtheria | □ | Middle East Respiratory Syndrome |  | diseases |
| □ | Enterovirus 71 infection | □ | Mpox\* | □ | Viral haemorrhagic fever |
| □ | Food poisoning | □ | Mumps | □ | Viral hepatitis |
|  | Number of persons known to be affected: | □ | Novel influenza A infection | □ | West Nile Virus Infection |
|  | Place and district of consumption | □ | Paratyphoid fever | □ | Whooping cough |
|  | (e.g. “XX Restaurant in Mongkok”): | □ | Plague | □ | Yellow fever |
|  |  | □ | Psittacosis | □ | Zika Virus Infection |
|  |  | □ | Q fever |  |  |
|  | Date of consumption:  \* Corresponding to monkeypox as specified in Schedule 1 under Cap. 599. | □ | Rabies |  |  |

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. Sep 2023)