

**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.<br>(Home):    |
| Name and address of workplace / school: |                  |            | (Mobile):                   |
| Job title / Class attended:             |                  |            | (Office / school / others): |
| Hospital / Clinic sent to (if any):     |                  |            | Hospital / A&E No.:         |

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

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

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| Remarks: |
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