



## **Child Care Facility/School Reportable Disease Reporting Form**

**Please use this form to report all reportable diseases. Please refer to the reportable disease list for reporting time lines.**

**Please complete all applicable areas and return form to:**

Medical Officer of Health  
Renfrew County and District Health Unit  
7 International Drive  
Pembroke, Ontario K8A 6W5  
FAX: (613) 735-3067

**Personal information on this form is collected under the authority of the Health Protection and Promotion Act, Sections 22 and 24, and will be used for Public Health follow-up. Any questions should be directed to Clinical Services Coordinator at (613) 735-8653 Ext 515.**

**DAYCARE/SCHOOL REPORTING:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: 613 \_\_\_\_\_

**STUDENT INFORMATION:** \_\_\_\_\_

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX:  M  F

ADDRESS: \_\_\_\_\_ HEALTH CARD #: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**COMMUNICABLE DISEASE:** \_\_\_\_\_

DISEASE: \_\_\_\_\_ START DATE: \_\_\_\_\_

**GUARDIAN/PARENT INFORMATION:**

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**DATE OF NOTIFICATION:** \_\_\_\_\_ **SIGNATURE OF PERSON REPORTING** \_\_\_\_\_