Renfrew County and District Health Unit
"Optimal Health for All in Renfrew County and District"

DISEASES OF PUBLIC HEALTH SIGNIFICANCE REPORTING FORM

(Previously Communicable Disease Reporting Form)

Please complete all applicable areas and **FAX** to the **Infectious Disease Program**: **FAX: 613-735-3067**

PHONE: 613-732-3629 or 1-800-267-1097 (Office Hours) | 613-735-9926 (After Hours)

Regular office hours Monday- Friday 8:00-4:00

FOR HEALTH UNIT USE ONLY	
iPHIS Client ID:	iPHIS Case ID:

CLIENT INFORMATION		
Last Name:	First Name:	HIN#:
DOB (y/m/d):	Phone #:	Cell #:
Address:	City:	Postal Code:
Parent/Guardian (if applicable):		Gender: ☐ Male ☐ Female
Occupation:	Place of Employment:	
FAMILY PHYSICIAN:	Phone #:	Fax #:

DIAGNOSIS		
Diagnosis:		
Date (y/m/d):	Date of Onset (y/m/d):	
Symptoms:		
DIAGNOSING PHYSICIAN:	Phone #:	Fax #:

LAB INFORMATION AND TREATMENT			
Testing completed: ☐ Yes ☐ No	Specify Test(s):		
Collection Date (y/m/d):	Result(s):		
LAB REPORT TO FOLLOW: ◯ YES ◯ NO	Lab (Specify):		
Treatment: ☐ Yes ☐ No	Start Date (y/m/d):	End Date (y/m/d):	
Description of Treatment:			
Hospitalized: ☐ Yes ☐ No	Admitted Date (y/m/d):	Discharged Date (y/m/d):	
Name of Hospital:			
Risk Factors:			
Immunization Status: ☐ Up-to-date ☐ N/A ☐ Unknown	Comments:		
Travel: ☐ Yes ☐ No ☐ Unknown	Location:	Date (y/m/d):	
Complications:	Date of Death if applicable (y/m/d):		
Additional Comments:			

REPORTING SOURCE		
Name of Person Reporting:	Signature:	
Date (y/m/d):	Time:	
Agency:	Phone #:	Fax #:

February 2021

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.