This is an approved form as specified in the Queensland Public Health Act 2005 (Chapter 3 Part 2, Division 2 - Notices about Notifiable Conditions) and the Public Health Regulation 2005 (Schedules 1 and 2)

PATIENT DETAILS: (please print or place patient details sticky label here)

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Surname:</th>
<th>Female:</th>
<th>Male:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>Town:</td>
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<tr>
<td>Phone:</td>
<td>Mobile:</td>
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</tr>
</tbody>
</table>

Aboriginal: □ Torres Strait Islander (TSI): □ Both Aboriginal and TSI: □ Neither Aboriginal nor TSI: □

A list of notifiable conditions that are diagnosed mainly on clinical/provisional grounds is attached.

Some conditions require urgent notification (indicated by the symbol on the attached list), to enable prompt public health action. For example, in the case of invasive meningococcal disease, public health units will undertake contact tracing and provide clearance antibiotics for eligible contacts.

Clinical diagnosis notifiable condition means a notifiable condition— which is diagnosed either fully or predominantly on the basis of clinical evidence, including clinical history and signs and symptoms.

Provisional diagnosis notifiable condition means a notifiable condition— which can be provisionally diagnosed on the basis of clinical evidence, including clinical history and signs and symptoms; while awaiting laboratory confirmation.

Notifiable Condition:

Date of onset: Country where acquired:

Workplace, school, childcare, preschool or other institution attended: Likely source of exposure:

Pathology taken? Yes □ No □

Laboratory QML □ SNP □ Path. Qld □ Other ………………………………………

Doctor’s name, address and phone number (or stamp) Signature:

Date:

PLEASE SEND COMPLETED FORM TO YOUR NEAREST PUBLIC HEALTH UNIT
(for AIDS, send to the HIV Public Health Unit;
for TB send to the Queensland Tuberculosis Control Centre)

Public Health Unit Contacts for Notifiable Conditions
List of Clinical and Provisional Diagnosis Notifiable Conditions
Public Health Regulation 2005 – as at 30 October 2009

- Acquired immunodeficiency syndrome (AIDS) # (C)
- Acute flaccid paralysis (C)
- Acute rheumatic fever (C)
- Acute viral hepatitis (P)
- Adverse event following immunisation (C)
- Australian bat lyssavirus - potential exposure (ie. bat bite, scratch or mucous membrane exposure) (C)
- Avian influenza (P)
- Ciguatera poisoning (C)
- Creutzfeldt-Jakob disease (P)
- Dengue (P)
- Diphtheria (P)
- Food or water-borne illness in 2 or more cases (C)
- Food or water-borne illness in food handler (C)
- Haemolytic uraemic syndrome (HUS) (C)
- Haemophilus influenzae type b disease (invasive) (P)
- Measles (P)
- Meningococcal disease (invasive) (P)
- Severe acute respiratory syndrome (SARS) (P)
- Smallpox (P)
- Tetanus (C)
- Tuberculosis (P)
- Viral haemorrhagic fevers (Crimean-Congo, Ebola, Lassa fever and Marburg viruses) (P)

# To be notified to the HIV Public Health Unit.
(C) Requires notification on clinical diagnosis
(P) Requires notification by clinicians on clinical/provisional grounds while awaiting laboratory confirmation
☎ Requires immediately notification by phone or fax to the local public health unit