



Queensland Government

QUEENSLAND HEALTH Public Health Act 2005 (PHA) NOTIFIABLE CONDITIONS REPORT FORM (Clinical and Provisional Diagnoses) for Queensland Doctors/Clinicians (section 70 PHA) or Persons in Charge of a Hospital (section 71 PHA)

This is an approved form for the use and purpose of the Queensland *Public Health Act 2005* (Chapter 3 Part 2, Division 2 - Notices about Notifiable Conditions) and the *Public Health Regulation 2018* (Schedules 1 and 2).

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

First Name:		Surname:		Gender:	Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>
Address:				DOB:	
Town:				Postcode:	
Phone:				Mobile:	

Aboriginal ☐ Torres Strait Islander ☐ Aboriginal & Torres Strait Islander ☐ Non-Indigenous ☐ Unknown ☐

Refer to the [Public Health Regulation 2018](#) for a list of notifiable conditions that may be diagnosed on clinical/provisional grounds. Some conditions under Schedule 2 require immediate notification to enable prompt public health action.

Clinical diagnosis notifiable condition means a notifiable condition— which is diagnosed on the basis of clinical evidence, including clinical history and signs and symptoms. (Refer to section 62 PHA for full definition).

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. (Refer to section 62 PHA for full definition).

Notifiable Condition:

Date of onset:

____/____/____

Country where acquired:

Workplace, school, childcare, preschool or other institution attended:

Likely source of exposure:

Specimen(s) taken?

Yes ☐

No ☐

Laboratory:

QML ☐ SNP ☐ Path. Qld ☐ Mater Pathology ☐

Other ☐ Specify.....

Test location when not conducted in a laboratory eg Rapid Antigen Test (RAT):

Hospital ☐ Other health care setting ☐

Other ☐ Please specify.....

Doctor's name, address and phone number (or stamp)

Signature:

Hospital (where required for s.71 notification)

Date: ____/____/____

PLEASE SEND COMPLETED FORM TO YOUR NEAREST [PUBLIC HEALTH UNIT](#)

for tuberculosis (TB) send to the Communicable Diseases Branch via CDIS-NOCS-Support@health.qld.gov.au;

for rheumatic heart disease (RHD) send to the Rheumatic Heart Disease Register and Control Program via

ArfRhdRegister@health.qld.gov.au. Public Health Unit contact details are available at:

<https://www.health.qld.gov.au/system-governance/contact-us/contact/public-health-units>