

NOTIFICATION OF DEATH OR COMPLICATION RELATED TO A REPORTABLE DISEASE

Fax completed form to Southwestern Public Health
St. Thomas Site: 519-631-1682 Woodstock Site: 519-539-6206
List of Reportable Diseases

DISEASE/DIAGNOSIS:

DATE OF REPORT:

REPORTING PERSON'S NAME & DESIGNATION:

REPORTING PERSON'S PHONE NUMBER:

PATIENT DEMOGRAPHICS

Patients Name, Last first

Gender:

Date of Birth (yyyy/mm/dd):

Phone #:

Address (street, city, postal code):

LABORATORY RESULTS/DIAGNOSTICS

Type of Specimen(s) Collected:

Other

Date of Collection:

Results:

Date of Results:

Other Tests/Results:

HOSPITALIZATION

Emergency Room Visit: Yes No

Hospitalized: Yes No

Name of Hospital:

Admission Date:

Most Responsible Physician:

Discharge Date

COMPLICATIONS

- | | | | | |
|---------------------------------------|---------------------------------------|--|---|---------------------------------|
| <input type="checkbox"/> ARDS | <input type="checkbox"/> Encephalitis | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Toxic Shock | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Organ Failure | <input type="checkbox"/> Soft Tissue Necrosis | |
| <input type="checkbox"/> Bell's Palsy | <input type="checkbox"/> MIS | <input type="checkbox"/> Septic Shock | <input type="checkbox"/> Death | |

OUTCOME

Recovered, date:

Discharge Summary Available?

Yes No

Fatal, if yes: Date of death: n/a

Discharge Diagnosis:

Cause of Death: n/a

- Reportable disease was the underlying cause of death
- Reportable disease was a contributing cause of death
- Reportable disease was unrelated to the cause of death

Death Certificate Available?

Yes No n/a