



Health Protection (Notification) Regulations 2010: Notification to the Proper Officer of the Local Authority

Index case details	
First name	
Surname	
Gender (M/F)	
Date of birth	
Ethnicity	
NHS number	
Home address:	Current residence if not home address:
Postcode:	Postcode:
Telephone no.:	Telephone no.:
GP name and address (if different to Medical Practitioner reporting the case)	Postcode: Telephone no.:
Occupation (if relevant) i.e. foodhandler/healthcare worker/carer	
Work/education/nursery name and address (if relevant)	Postcode: Telephone no.:
Overseas travel, if relevant (destinations & dates)	
Disease/causative agent	
Disease, infection, causative agent or contamination	
Date of onset of symptoms	
Date of diagnosis	
Is the patient in hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/> Hospital /ward:
Has a sample been sent?	Yes <input type="checkbox"/> No <input type="checkbox"/> Type: sputum/stool/blood/swab
If yes, is result positive?	Yes <input type="checkbox"/> No <input type="checkbox"/> Lab:
Has the patient been vaccinated against this disease?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date of vaccination:
Date of death	
Registered Medical Practitioner reporting the case	
Signature	
Name	
Address	
Postcode	
Contact number	
Date of Notification	
Please fax/return to The Proper Officer, Health Protection Agency – East Midlands North Institute of Population Health, Nottingham City Hospital, Hucknall Road, Notts, NG5 1PB. Telephone: 0844 225 4524 Fax: 0115 969 3523	