Northwestern Health Unit
210 First Street N
Kenora, Ontario
807-468-3147
807-468-3813 (fax)

Diseases of Public Health Significance

Client Name:		Gender:
If child – Parents name:		Health Card #:
Client Address:		City:
Postal Code:	Home Phone #:	Birth Date:
Attending Physician:	Address:	Telephone:
Family Physician:	Address:	Telephone:
Relevant immunizations up to date: ☐ Yes ☐ No ☐ Unknown		

DESIGNATED DISEASE:	Reported Date:
Type ☐ Suspect/Clinical Case ☐ Lab Confirmed Case	Onset Date:
Symptoms: ☐ Asymptomatic ☐ Fever ☐ Cough ☐ Dyspnea ☐ Nausea / vomiting ☐ Diarrhea ☐ Headache ☐ Malaise ☐ Abd. Pain ☐ Other(s):________	
Name of Reporter:	

RISK FACTORS:

☐ None known ☐ Unimmunized ☐ Immunocompromised ☐ Contaminated food / water ☐ Occupational

☐ Medical / Chronic illness risk factors: ________________

☐ Behavioral /Lifestyle risk factors: ________________

☐ Travel history ☐ Out of Region ☐ Out ofCountry Where ________ When ________ How Long ________

☐ Employment ________________

TREATMENT	Was client hospitalized for this episode? ☐ Yes ☐ No ☐ Unknown Name of hospital/ / facility: ________________ Admission date: ________ Discharge date: ________				
DRUG	Dose/Frequency	Route	Prescribed By	Started Date	Duration or D/C Date
Notes					

Suspect/clinical and confirmed cases of designated diseases are required to be reported to the Medical Officer of Health as per the Health Protection and Promotion Act. The Diseases of Public Health Significance List is provided on the back of this form. Please fax report forms to (807) 468-3813 or to your local Northwestern Health Unit office.

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www.nwhu.on.ca