Registered medical practitioner notification form template

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| *Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority* | |
| Registered Medical Practitioner reporting the disease | |
| Name |  |
| Address |  |
| Post code |  |
| Contact number |  |
| Date of notification |  |
| Notifiable disease | |
| Disease, infection or contamination |  |
|
| Date of onset of symptoms |  |
| Date of diagnosis |  |
| Date of death (if patient died) |  |
| Index case details | |
| First name |  |
| Surname |  |
| Gender (M/F) |  |
| DOB |  |
| Ethnicity |  |
| NHS number |  |
| Home address |  |
|  |
| Post code |  |
| Current residence if not home address |  |
|  |
| Post code |  |
| Contact number |  |
| Occupation (if relevant) |  |
| Work/education address (if relevant) |  |
|  |
| Post code |  |
| Contact number |  |
| Overseas travel, if relevant  (destinations & dates) |  |

**Please send completed forms to the proper officer of the local authority or to the local Health Protection Unit.**