

APPENDIX 2 - Registered medical practitioner notification form

<i>Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority</i>	
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.