

INFECTIOUS DISEASES (NOTIFICATION OF INFECTIOUS DISEASES) REGULATIONS
NOTIFICATION OF INFECTIOUS DISEASES UNDER SECTION 6

PARTICULARS OF PATIENT (Please ✓ appropriate box where applicable)

Name of Patient (BLOCK LETTERS)			NRIC No./Passport No./Foreign Identification Number (FIN)									
			<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table>									
Gender	Date of Birth (dd/mm/yyyy)	Ethnic Group	Residential Status	Occupation								
<input type="checkbox"/> Male	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table>							<input type="checkbox"/> Chinese <input type="checkbox"/> Indian	<input type="checkbox"/> Resident			
<input type="checkbox"/> Female	<input type="checkbox"/> Malay <input type="checkbox"/> Others	<input type="checkbox"/> Non-Resident										
Residential Address			Postal Code		Telephone No.							
			<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table>							Home		
Place of Work/School/Child Care Centre/Kindergarten			Postal Code		Office/HP							
			<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table>									

DISEASE DIAGNOSED (CLINICAL OR LABORATORY DIAGNOSIS)

TO CDD@ NOT LATER THAN 24 HOURS FROM TIME OF DIAGNOSIS. FAX NO. 62215528 OR 62215538

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Avian Influenza | <input type="checkbox"/> 8. Hand, Foot & Mouth Disease | <input type="checkbox"/> 15. Paratyphoid |
| <input type="checkbox"/> 2. Campylobacteriosis | <input type="checkbox"/> 9. Legionellosis | <input type="checkbox"/> 16. Plague |
| <input type="checkbox"/> 3. Chikungunya Fever | <input type="checkbox"/> 10. Malaria | <input type="checkbox"/> 17. Salmonellosis |
| <input type="checkbox"/> 4. Cholera | <input type="checkbox"/> 11. Melioidosis | <input type="checkbox"/> 18. SARS |
| <input type="checkbox"/> 5. Dengue Fever | <input type="checkbox"/> 12. Meningococcal Disease | <input type="checkbox"/> 19. Typhoid |
| <input type="checkbox"/> 6. Dengue Haemorrhagic Fever | <input type="checkbox"/> 13. Nipah Virus Infection | <input type="checkbox"/> 20. Yellow fever |
| <input type="checkbox"/> 7. Encephalitis, Viral | <input type="checkbox"/> 14. Novel Coronavirus Infection | <input type="checkbox"/> ↗ 21. Others(specify) _____ |

✧ For any disease not appearing in this form which may be of an infectious nature and result in an epidemic. If name of disease is not known, please specify symptoms.

TO CDD@ NOT LATER THAN 72 HOURS FROM TIME OF DIAGNOSIS. FAX NO. 62215528 OR 62215538

- | | | |
|--|--|---|
| <input type="checkbox"/> #22. Diphtheria | <input type="checkbox"/> #25. Hepatitis B, acute | <input type="checkbox"/> #29. Mumps |
| <input type="checkbox"/> #23. <i>Haemophilus influenzae</i> type b (Hib) Disease | <input type="checkbox"/> 26. Hepatitis C, acute | <input type="checkbox"/> #30. Pertussis |
| <input type="checkbox"/> #24. Hepatitis A, acute | <input type="checkbox"/> 27. Hepatitis E, acute | <input type="checkbox"/> #31. Pneumococcal Disease (Invasive) |
| <input type="checkbox"/> # For notifiable diseases marked #, please provide vaccination history : | <input type="checkbox"/> #28. Measles | <input type="checkbox"/> #32. Poliomyelitis |
| <input type="checkbox"/> Yes - If yes, Date of vaccination (dd/mm/yyyy) <table border="1" style="width:100px; height: 20px; display: inline-table;"></table> | <input type="checkbox"/> No | <input type="checkbox"/> #33. Rubella |

TO NPHU† NOT LATER THAN 72 HOURS FROM TIME OF DIAGNOSIS. FAX NO. 62541616

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> 34. AIDS | <input type="checkbox"/> 35. HIV Infection (non-AIDS) |
|-----------------------------------|---|

TO NSC* NOT LATER THAN 72 HOURS FROM TIME OF DIAGNOSIS. FAX NO. 62994335

- | | | |
|---|--|--|
| <input type="checkbox"/> *36. Chlamydia Genital Infection | <input type="checkbox"/> *39. Non-Infectious Syphilis (latent/tertiary)✧ | <input type="checkbox"/> *42. Genital Herpes (first episode) |
| <input type="checkbox"/> *37. Gonorrhoea | <input type="checkbox"/> *40. Infectious Syphilis (primary/secondary)✧ | <input type="checkbox"/> *43. Genital Herpes (recurrent) |
| <input type="checkbox"/> *38. Non-Gonococcal Urethritis | <input type="checkbox"/> *41. Congenital Syphilis | <input type="checkbox"/> 44. Leprosy |

* For sexually transmitted infections marked *, full name, NRIC/Passport No./FIN, address and telephone number need not be completed. Initials, date of birth, ethnic group and residential status of the patient should be given.

✧ Circle as appropriate

FOR TB Please use Notification of Tuberculosis Form (MD532) to notify TBCU‡ (FAX No. 62524051) not later than 72 hours from the time of diagnosis.

Diagnosis <input type="checkbox"/> Clinical <input type="checkbox"/> Confirmed by laboratory tests Date present diagnosis was made/ suspected For laboratory notification, please provide the date of test of positive sample <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table> (dd/mm/yyyy)							Date of onset of illness (dd/mm/yyyy, for laboratory notification, please provide the date of receipt of sample) <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table>							Follow-up of patient <input type="checkbox"/> Treated as outpatient <input type="checkbox"/> Referred to Communicable Disease Centre <input type="checkbox"/> Referred to DSC / TBCU <input type="checkbox"/> Hospitalised <input type="checkbox"/> Death <input type="checkbox"/> Others (specify)

Travel history over the past one month
 From (dd/mm/yyyy)

 to

 Countries visited :

PARTICULARS OF INFORMANT

Name of Medical Practitioner/Scientist (BLOCK LETTERS)	Signature and Date	Physician Code (MCR No.)						
		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table>						
Name and Address of Clinic/Hospital/Institution/Laboratory	Postal Code	Telephone Number						
	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table>							

Remarks :

EXPLANATORY NOTES

@ CDD : Director, Communicable Diseases Division, Ministry of Health, 16 College Road,
Singapore 169854, Tel: 1800-3258451 (Toll free line), 63258357, 63258358, Fax:62215528 / 62215538

¶ NPHU : Head, National Public Health Unit, c/o 142 Moulmein Road, Singapore 308087, Tel: 62568123, Fax:62541616

ϕ TBCU c/o STEP Registry : Director, TB Control Unit c/o STEP Registry, 142 Moulmein Road, Singapore 308087,
Tel:62584369, Fax:62524051

⌘ NSC : For diseases (35) to (42), to Head, Department of STI Control, Blk 31 Kelantan Lane #01-16, Singapore 200031,
Tel: 62939648, Fax:62994335

For (44) Leprosy, to Director, National Skin Centre, c/o Leprosy Registry, Blk 31 Kelantan Lane #01-16, Singapore 200031,
Tel: 62939648, Fax:62994335

1. Notification is required in accordance with section 6 of the Infectious Diseases Act.
2. This notification form should be used whenever a notifiable infectious disease is diagnosed or suspected in a clinic, hospital or laboratory.

02.04.2013