

NOTIFICATION OF INFECTIONS DISEASE OR FOOD POISONING

To The Consultant in Communicable Disease Control (Proper Officer) Bradford Metropolitan District Council, Jacobs Well, Bradford, BD1 5RW

I hereby certify and declare that in my opinion that the person named below is suffering from the disease stated.

CASE NO	ONSET DATE ----/--/-----	NOTIFIER NAME/STATUS	
DISEASE If used for suspected food poisoning enter SFP, Otherwise enter specific pathogen/disease	SAMPLE Y N	Signature of Doctor.....	
	Faeces <input type="checkbox"/> <input type="checkbox"/>	Address.....	
	Blood <input type="checkbox"/> <input type="checkbox"/>	
	Bottle Given <input type="checkbox"/> <input type="checkbox"/>	
NAME	SEX	Tel No.....	
	M F	RUBBER STAMP IF POSSIBLE	
First Name	Surname	Please Ring	
ADDRESS		ETHNICITY: Please tick selected category	
.....		White <input type="checkbox"/>	Pakistani <input type="checkbox"/>
.....		Indian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
.....		Other Asian <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>
POSTCODE ----- TEL NO		Black African <input type="checkbox"/>	Other Black <input type="checkbox"/>
		Chinese <input type="checkbox"/>	Other Ethnic Minority <input type="checkbox"/>
Risk Group – Please tick category that applies to your client		ADDITIONAL INFORMATION REQUIRED FOR THE FOLLOWING INFECTIONS	
A – Person of doubtful personal hygiene or unsatisfactory toilet or hand washing/drying facilities	<input type="checkbox"/>	TUBERCULOSIS (with code)	
B – Child Under 5 yrs who attends as institution of group	<input type="checkbox"/>	Organ or part affected.....	
C – Foodhandler	<input type="checkbox"/>	ACUTE MENINGITIS	
D - Health Care Worker in direct contact with susceptible patients	<input type="checkbox"/>	Causal organism (if known).....	
Not in a risk group	<input type="checkbox"/>	MALARIA	
		Please Specify if contracted in UK or Abroad	

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