

**Health Protection (Notification) Regulations 2010:
notification to the Proper Officer of the local authority**

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| **Index case details** |
| First name |  |
| Last name |  |
| Gender (M/F) |  |
| Date of birth |  |
| Ethnicity |  |
| NHS number |  |
| Home addressPostcodeTelephone number | Current residence if not home addressPostcodeTelephone number |
| GP name and address (if different from medical practitioner reporting the case) | PostcodeTelephone number |
| Occupation (if relevant) that isfood handler/healthcare worker/carer |  |
| Work/education/nursery name and address (if relevant) | PostcodeTelephone number |
| Overseas travel, if relevant (destinations and dates) |  |
| **Disease/causative agent** |
| **Disease, infection, causative agent or contamination** |  |
| Date of onset of symptoms |  |
| Date of diagnosis |  |
| Is the patient in hospital? | Yes | No | Hospital/ward: |
| Has a sample been sent?If yes, is result positive? | YesYes | NoNo | Type: sputum/stool/blood/swabLab: |
| Has the patient been vaccinated against this disease? | Yes | No | Date(s) of vaccination |
| Date of death |  |
| **Registered medical practitioner reporting the case** |
| Signature |  |
| Name |  |
| Address |  |
| Postcode |  |
| Contact number |  |
| Date of notification |  |

Please email/return to the Proper Officer, UKHSA, East Midlands

Seaton House, City Link, London Road, Nottingham NG2 4LA

Telephone: 0344 225 4524

Email: phe.emhpt@nhs.net