

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Index case details** | | | | | |
| First name |  | | | | |
| Last name |  | | | | |
| Gender (M/F) |  | | | | |
| Date of birth |  | | | | |
| Ethnicity |  | | | | |
| NHS number |  | | | | |
| Home address  Postcode  Telephone number | | | Current residence if not home address  Postcode  Telephone number | | |
| GP name and address (if different from medical practitioner reporting the case) | | | Postcode  Telephone number | | |
| Occupation (if relevant) that is  food handler/healthcare worker/carer | | |  | | |
| Work/education/nursery name and address (if relevant) | | | Postcode  Telephone 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? | | Yes  Yes | | No  No | Type: sputum/stool/blood/swab  Lab: |
| 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](mailto:phe.emhpt@nhs.net)