Notification of Infectious Disease or Health Risk State – Medical in Confidence

This notification relates to Part 2 (Notifiable Diseases, Notifiable Organisms and Health Risk States) of the Public Health etc. (Scotland) Act 2008. All registered medical practitioners must notify their NHS Board if they have a reasonable suspicion that a patient whom they are attending has one of the diseases set out below**.** Practitioners should not wait until laboratory confirmation of the suspected disease before notification. Registered medical practitioners are also required to notify any case suffering from a 'health risk state' (HRS), and anyone likely to have been exposed to such a case with an HRS, or the same risk factor. A copy of the Guidance for Registered Medical Practitioners can be accessed at: http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/publicact/Implementation/Timetable3333

To: the Director of Public Health	**NHS Board:** Or select a Board from this list:	**Date:**

Patient Demographics

Surname:	**Forename(s):**
Sex (tick as appropriate): Male ☐ Female ☐	**CHI Number (if known):**
Date of Birth: **Tel No:**	
Occupation (if relevant):	**Employer/ Institute Name (if relevant):**
Patient Address (tick as appropriate): Home ☐ Alternative ☐ **Address:**	**Employer/ Institute Address (if relevant):**
Postcode:	**Postcode:**

Clinical Data

Suspected Disease: Select a disease from this list: or **ring as appropriate:**

Anthrax	Meningococcal disease	Severe Acute Respiratory Syndrome (SARS)
Botulism	Mumps	Smallpox
Brucellosis	Necrotizing fasciitis	Tetanus
Cholera	Paratyphoid	Tuberculosis (respiratory or non-respiratory)
Clinical syndrome due to E.coli O157 infection	Pertussis	Tularemia
Diphtheria	Plague	Typhoid
Haemolytic Uraemic Syndrome (HUS)	Poliomyelitis	Viral haemorrhagic fevers
Haemophilus influenzae Type b (Hib)	Rabies	West Nile fever
Measles	Rubella	Yellow Fever

Suspected Health Risk (tick as appropriate): Contamination ☐ Infection ☐ Poison ☐

Please use this area to add any further information that is relevant to this referral (e.g. country of travel):

Date of Onset: **Laboratory Confirmed? (tick as appropriate):** Yes ☐ No ☐

Notifier

Organisation Name:	**Organisation Address:**
Surname:	
Forename(s):	
Occupation:	
Tel Number:	
Email:	
Fax Number:	**Postcode:**

Leave Blank for NHS Board Health Protection Team:

Date Received:	**Surname:**	**Forename:**

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