This form is for notification of:

* Campylobacter
* Cryptosporidium
* Giardia
* Hepatitis A and E
* Paratyphoid
* Salmonella
* Shigellosis
* Typhoid
* VTEC/STEC
* Yersiniosis

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Notification Details** | General Practitioner | | | Hospital Practitioner | | | | | | Other | |
| **Suspected ILLNESS** | **Please specify** | | | | | | | | | | |
| **Name of person notifying** | **Add name** | | | | | | | **Date reported** | | **Click for date** | |
| **Organisation** | **Enter organisation name** | | | | | | | **Phone** | | **Organisation phone** | |
| **Usual GP & Practice** | **GP name** | | | | | | | **GP Phone** | | **GP phone** | |
| **Patient details and risk factors** | | | | | | | | | | | |
| **Name of case** | **Surname** | | | | **Given name(s)** | | | | | | |
| **NHI Number** | **Add NHI #** | | **Date of birth** | | **Add DOB** | | | | **Gender** | | **Select from list** |
| **Address** | **Add address** | | | | | | | | | | |
| **Email address** | **Add email** | | | | | | | | | | |
| **Phone (home)** | **Add phone #** | | **Phone (work)** | | | **Add alt #** | | | **Mobile** | | **Add mobile #** |
| **Ethnicity** | **Choose an item** | | | | | | **Other, please specify** | | | | |
| **Occupation** | **Please specify** | | | | | | | | | | |
| **Employer** | **Please specify** | | | | | | | | | | |
| **BASIS OF DIAGNOSIS** | | | | | | | | | | | |
| **Symptoms** | | **Please specify** | | | | | | | | | |
| **Onset date of symptoms** | | **Select date** | | | | | | | | | |
| **Lab result (if tested)** | | **Add comments here** | | | | | | | | | |
| **Please complete if notifying for: Hepatitis A and E, Paratyphoid, Shigellosis, Typhoid, VTEC/STEC** | | | | | | | | | | | |
| **Returned from overseas?** | | **Please specify** | | | | | | | | | |
| **Contact with another case?** | | **Please specify** | | | | | | | | | |

**Thank you for completing this form. You may be contacted by ARPHS for further information.   
Email to ARPHS at** [**notify@adhb.govt.nz**](mailto:notify@adhb.govt.nz)