

**REPORT OF COMMUNICABLE DISEASES  
REGULATIONS UNDER THE PUBLIC HEALTH ACT  
To be filled out by the Attending Physician or Hospital**



PLEASE PRINT — PRESS HARD

ONSET DATE      YY      /      MM      /      DD

City                     

Municipality                     

Town or Village                     

Name                                     

Address                                       
City, St., & No. (Sec., Tp., Rge.) Hosp. or Camp.

Racial Origin                                      (Treaty Indian)  
(If Treaty Indian underline)

Sex      Age     

Was patient immunized against this disease?      Yes      No

Material Used                      Doses      Year     

Is Diagnosis Clinical?                      Laboratory?                     

ATTENDING PHYSICIAN                                       
Please print

SIGNATURE                                     

**AS A CASE OF (Underline)**

*Intestinal Infectious Diseases*

- \*Typhoid fever (002.0)
- Paratyphoid fever (002.9)
- Salmonella infections (003)
- Shigellosis (004)
- \*Food poisoning (bacterial)
- Staphylococcal (005.0)
- Botulism (005.1)
- C. perfringens (005.2)
- B. cereus (005.8)
- Other (specify below) (005.9)
- E. coli enteritis (008.0)

*Other Bacterial Diseases*

- Brucellosis (023)
- \*Diphtheria cases (032)
- Diphtheria carriers (V02.4)
- \*Meningococcal infections (036)
- Pertussis (033)
- Tuberculosis - specify type below
- Veneral Diseases - Use NHI form

*Diseases of Central Nervous System*

- Meningitis
- A. Bacterial
- Haemophilus (320.0)
- Pneumococcal (320.1)
- Other (specify below)
- B. Viral
- Aseptic meningitis due to
- Coxsackie (047.0)
- Echo virus (047.1)
- Other viral (specify below)
- or unknown (047.9)
- Encephalitis
- Western Equine Encephalitis (062.1)
- Other Viral Diseases*

- Hepatitis A (070.0)
- Hepatitis B (070.2)
- Measles (055)
- Mumps (072)
- Rubella (056)
- Congenital Rubella (771.0)

OTHER DISEASES INCLUDING RARE\* AND IMPORTED\* (SPECIFY)

ADDITIONAL INFORMATION \_\_\_\_\_

Fill out separate card for each case. For epidemics of other diseases use surveillance report.  
Telephone report to Medical Officer of Health or Communicable Disease Control (945-6834) for diseases indicated by (\*)  
This copy for MEDICAL OFFICER OF HEALTH