**Registered medical practitioner notification form template**

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| *Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority* |
| Registered Medical Practitioner reporting the disease |
| Name |  |
| Address |  |
| Post code |  |
| Contact number |  |
| Date of notification |  |
| Notifiable disease |
| Disease, infection or contamination |  |
| Date of onset of symptoms |  |
| Date of diagnosis |  |
| Date of death (if patient died) |  |
| Index case details |
| First name |  |
| Surname |  |
| Gender (M/F) |  |
| DOB |  |
| Ethnicity |  |
| NHS number |  |
| Home address |  |
|  |
| Post code |  |
| Current residence if not home address |  |
|  |
| Post code |  |
| Contact number |  |
| Occupation (if relevant) |  |
| Work/education address (if relevant) |  |
|  |
| Post code |  |
| Contact number |  |
| Overseas travel, if relevant (destinations & dates) |  |

**Please send completed forms to: Avon, Gloucestershire & Wiltshire HPT:** Public Health England South West, 2

Rivergate, Temple Quay, Bristol, BS1 6EH. **E-mail**: phe.swhpt@nhs.net **Tel:** 0300 3038162 (option 1, then option 2)

**For urgent notification & advice**, please contact Health Protection Team on: 0344 257 8195 List of Notifiable Diseases overleaf.



For guidance on whether the infection is likely to be urgent, see Health Protection Legislation (England) Guidance 2010 table 1 (page 25-27) – available at: http://webarchive.nationalarchives.gov.uk/20130107105354[/http://www.dh.gov.uk/prod\_consum\_dh/groups/dh\_digital](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digital) assets/@dh/@en/@ps/documents/digitalasset/dh\_114589.pdf