

Status: This is the original version (as it was originally made).

SCHEDULE 2

Regulation 7

FORM OF CERTIFICATE

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| Counterfoil | No. | NOTIFICATION OF INFECTIOUS DISEASE OR FOOD POISONING | | | | No. |
| | | To the Proper Officer | | | | |
| Date of Notification | I hereby certify and declare that in my opinion the person named below is suffering from the disease stated. | | | | <p>*NOTE When the form is used for a case of food poisoning enter "F.P." (or "F.P. suspected") unless the case is diagnosed as one of specific disease (e.g. dysentery) which is required to be notified as such.</p> | |
| Name | NAME (in full) | AGE | DISEASE See Note* | DATE OF ONSET | | |
| Date of Birth | | SEX | | | | |
| Disease | Full address where patient now is:— | | If patient is at present in a hospital, (a) the address in full from which the patient was admitted is:— (b) in my opinion the disease was/was not contracted in the hospital. (Delete whichever does not apply) | | | |
| Date of onset | | | | | | |
| Patient at: | Additional particulars required in cases of certain diseases. | Ophthalmia Neonatorum | Date of birth | Name and address of parent or other person in charge of the child | | |
| | | Malaria | Mark "X" where applicable | | | |
| | | | Parasite type (if known) | | | |
| | | | Contracted (Abroad (Name of country) (In this country) | If induced— (Therapeutically) (Accidentally) | | |
| | | Meningitis | Causal organism if known | | | |
| | | Acute Poliomyelitis | Paralytic or non-paralytic (Ring symbol which applies) | P N-P [PARALYTIC means that there are or have been signs of weakness and paralysis of muscles either permanent or transient; NON-PARALYTIC means that there have been no such signs.] | | |
| | Acute Encephalitis | Infective or Post-infectious (Ring symbol which applies) | I P-I If post-infectious state preceding infection below. | | | |
| | Tuberculosis | Organ or part affected | Sputum positive Yes/No | | | |
| | Date | Signature of Doctor | Address | | | |