

Suspected Infectious Disease or Contamination Notification Form

for completion by Medical Practitioners

Registered medical practitioners in the Isle of Man have a statutory duty to notify Public Health of suspected disease, infection or contamination in patients

Registered Medical Practitioner reporting the disease									
Name (Full name)									
Address						Po	stcod	e:	
Email									
Contact number					Date of n	otification:			
Notifiable disease pl					partments/	cabinet-office/p	ublic-h	ealth/hea	alth-
protection/notifications-to-p	ublic-health/ for a full lis	st of notifiable	disea	ses					
Disease, infection or contamination									
Date of onset of symptoms		Date of Diagnosis				Date of deat (if patient die			
Index case details									
First name									
Surname									
Gender:	Male / Female / Other Date of Birth:			e of Birth:					
Ethnicity			NHS	Number:					
Registered GP Practice:						Po	stcod	e:	
If not resident in Isl appropriate Health F	_	notify pati	ent t	hat this i	nformat	ion will be s	hare	d with	the
Home address						Po	stcod	e:	
Current residence if not home address						Po	stcod	e:	
	•								

Contact number		
Email		
Responsible person/Proxy (if applicable)		
Occupation (if relevant)	Employer:	
Work/education address (if relevant)		Postcode:
Overseas travel, if relevant (destinations & dates)		
Suspected source of infection (if known)		

Declaration

1	[registered	l medical	practitioner]
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Hereby confirm that the above details are true and correct, based on my knowledge/examination of the patient and that I have reasonable grounds for suspecting that the patient has a notifiable disease, or an infection/is contaminated in a manner which could present significant harm to human health. This notification form is made pursuant to the requirements of the Public Health (Notifications) Regulations 2020 [SD 2020/0146 as amended by SD2023/0282].

Privacy Notice:

For details on how notifications of communicable diseases or causative agents are processed by Public Health under the Data Protection Act 2018 and secondary legislation made under that Act for details see <u>Cabinet Office</u>, <u>Privacy Notice</u>

Report case by phone

Tel: +44 (01624) 642639

Completed forms should be sent by:

Email to:

publichealthconfidential@gov.im

By post within 3 days:

The Proper Officer
Public Health
Cronk Coar, Noble's Hospital,
Strang, Douglas,
Isle of Man, IM4 4RJ