

## Registered medical practitioner notification form template

*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 the proper officer of the local authority or to the local Health Protection Unit. Fax number: 0161 236 1820**