

VACCINE PREVENTABLE DISEASE NOTIFICATION FORM



For completion by school principals and directors of child care centres when a child enrolled at the school or facility:

has one of the listed vaccine preventable diseases; **OR**

is reasonably suspected of having come into contact with a person who has a vaccine preventable disease, and there has been no immunisation certificate or evidence of immunisation lodged to show that the child is immunised against, or acquired immunity by infection from, that disease.

Please notify these conditions to the Public Health Unit. See <https://www.health.nsw.gov.au/Infectious/pages/phus.aspx> for your local Public Health Unit details or call **1300 066 055**.

Child Details

Last Name: _____ First Name: _____
 Address: _____ Postcode: _____
 Date of Birth: ____/____/____ Age: _____
 Gender: Male Female Transgender
 Language spoken at home: _____ Country of Birth: _____
 Indigenous status: Aboriginal Both Aboriginal and Torres Strait Islander Not stated
 Torres Strait Islander Not Aboriginal or Torres Strait Islander

Facility Details

Parent/Guardian Details

Suspected Vaccine Preventable Disease

School/Child care: _____ Last Name: _____ Diphtheria
 First Name: _____ *Haemophilus influenzae* type b
 Class/Room/Care Group: _____ Address (if different to child): _____ Measles
 Class/Group Size: _____ Meningococcal type C
 No. of Classes/Rooms: _____ Postcode: _____ Phone No: _____ Mumps
 School/Centre Size: _____ Parent/s of the child advised that Public Health Unit has been notified and will be in contact
 Pertussis (whooping cough)
 Poliomyelitis
 Rubella
 Tetanus

Date of first symptoms **OR** Date of contact with a person with a vaccine preventive disease: ____/____/____

Symptoms **OR** Other details of contact with a person with a vaccine preventive disease (eg where, how long, doing what)

Date last attended school or child care facility: ____/____/____

How were you made aware of the case? Parent **or** Other (please specify)

Child's vaccination status:

Fully vaccinated Medical exemption Catch-up schedule Unvaccinated/unknown

Notifier Details

Name: _____ Address: _____
 Position/Title: _____
 Phone: _____ Notification Date: ____/____/____ Postcode: _____ Suburb: _____

NSW Health Use Only:

Date Received: ____/____/____ PHU: _____ Record No: _____

Public Health Unit	Mailing Address	Contact	After Hours/on call
Albury Murrumbidgee LHD	PO Box 3095 Albury 2640	Ph: 02 6053 4800 Fax: 02 6933 9220 (s)	AH: 02 6053 4800
Bathurst Western NSW LHD	PO Box 143 Bathurst, 2795	Ph: 02 6330 5880 Fax: 02 6332 3137 (s)	AH: 0428 400 526
Broken Hill Far West LHD	PO Box 457 Broken Hill, 2880	Ph: 08 8080 1216 Fax: 08 8080 1196 (s)	AH: 0419 917 426
Camperdown Sydney LHD	PO Box 374 Camperdown 1450	Ph: 02 9515 9420 Fax: 02 9515 9467 (s)	AH: 02 9515 6111
Dubbo Western NSW LHD	PO Box 4061 Dubbo, 2830	Ph: 02 6809 8979 Fax: 02 6332 3137 (s)	AH: 0428 400 526
Central Cost PHU Central Coast LHD	PO Box 361 Gosford, 2250	Ph: 02 4320 9730 Fax: 02 4320 9746 (s)	AH: 02 4320 2111
Goulburn Southern NSW LHD	PO Box 472 Goulburn, 2580	Ph: 02 4825 4944 Fax: 02 4825 4942 (s)	AH: 02 6053 4800
Hornsby Northern Sydney LHD	Hornsby-Ku-ring-gai Hospital Palmerston Rd Hornsby 2077	Ph: 02 9485 6911 Fax: 02 9482 1358 (s)	AH: 02 9477 9123
Lismore Northern NSW LHD	Locked Bag 11 Lismore 2480	Ph: 02 6620 7585 Fax: 02 6620 2552 (s)	AH: 0439 882 752 If unanswered: 0408 050 968 or 0407 904 280
Liverpool South Western Sydney LHD	PO Box 38 Liverpool 1871	Ph: 02 9794 0855 Fax: 02 9794 0838 (s)	AH: 02 8738 3000 (Liverpool Hospital Switch)
Newcastle Hunter New England LHD	Locked Bag 10 Wallsend, 2287	Ph: 02 4924 6477 Fax: 02 4924 5704 (s)	AH: 02 4924 6477
Parramatta Western Sydney LHD	Locked Bag 7118 Parramatta BC 2124	Ph: 02 9840 3603 Fax: 02 9840 3591 (s)	AH: 02 8890 5555
Penrith Nepean Blue Mountains LHD	PO Box 63 Penrith 2751	Ph: 02 4734 2022 Fax: 02 4734 3444 (s)	AH: 02 4734 2000
Port Macquarie Mid North Coast LHD	PO Box 126 Port Macquarie 2444	Ph: 02 6589 2120 Fax: 02 6589 2390 (s)	AH: 0439 882 752 If unanswered: 0408 050 968 or 0407 904 280
Randwick South Eastern Sydney LHD	Locked Bag 88 Randwick 2031	Ph: 02 9382 8333 Fax: 02 9382 8314 (s)	AH: 02 9382 2222
Tamworth Hunter New England LHD	Locked Mail Bag 10 Wallsend 2287	Ph: 02 6764 8000 Fax: 02 4924 5704 (s)	AH: 02 4924 6477
Wollongong Illawarra Shoalhaven LHD	Locked Bag 9 Wollongong 2500	Ph: 02 4221 6700 Fax: 02 4221 6759 (s)	AH: 02 4222 5000

NOTE: (s) = secure fax number