

# DOCTOR/HOSPITAL NOTIFICATION FORM

Date Received \_\_\_ / \_\_\_ / \_\_\_\_\_ PHU: \_\_\_\_\_ Record No: \_\_\_\_\_

## PATIENT DETAILS

Family Name (first two letters only for HIV) ..... Gender:  Male  Female  Transgender  
 Given Name (first two letters only for HIV) ..... Language Spoken at Home: .....  
 Address: (Not for HIV) ..... Country of Birth: .....  
 ..... Occupation/School: (Not for HIV) .....  
 State: ..... Postcode: ..... Date of Death: (If Applicable) .....  
 Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: ..... Date of Onset: \_\_\_ / \_\_\_ / \_\_\_\_\_  
 Aboriginal  Both Aboriginal and Torres Strait Islander  Not Stated  
 Torres Strait Islander  Not Aboriginal or Torres Strait Islander  
 Risk factors for infection: .....

## CONDITIONS OTHER THAN AEFI RELATING TO COVID-19 VACCINE (please tick)

### DOCTOR AND HOSPITAL NOTIFICATION

To be notified by ALL Doctors and Hospital Chief Executive Officers or Delegates on basis of reasonable clinical suspicion

<input type="checkbox"/> Acute rheumatic fever – <b>SEE ACUTE RHEUMATIC FEVER/RHEUMATIC HEART DISEASE NOTIFICATION FORM</b> <input type="checkbox"/> Acute viral hepatitis (including HAV, HBV, HCV) ☎ type if known .....  <input type="checkbox"/> Adverse event following immunisation <input type="checkbox"/> Asbestosis – (Drs only) – <b>SEE ASBESTOSIS NOTIFICATION FORM</b> <input type="checkbox"/> Avian influenza ☎ <input type="checkbox"/> Creutzfeldt-Jakob disease <input type="checkbox"/> Variant Creutzfeldt-Jakob disease ☎ <input type="checkbox"/> Foodborne illness in two or more related cases ☎ <input type="checkbox"/> Gastroenteritis in an institution ☎ <input type="checkbox"/> HIV – (Drs only) – <b>SEE HIV NOTIFICATION FORM</b> <input type="checkbox"/> Leprosy <input type="checkbox"/> Measles ☎ → Patient immunised <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Middle East respiratory syndrome coronavirus ☎ <input type="checkbox"/> Mpox ☎	<input type="checkbox"/> Pertussis (Whooping cough) → Patient immunised <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Rheumatic heart disease (less than 35 years of age) – <b>SEE ACUTE RHEUMATIC FEVER/RHEUMATIC HEART DISEASE NOTIFICATION FORM</b> <input type="checkbox"/> Severe acute respiratory syndrome (SARS) ☎ <input type="checkbox"/> Smallpox ☎ <input type="checkbox"/> Streptococcus pyogenes: <input type="checkbox"/> Associated toxic shock syndrome (STSS) <input type="checkbox"/> Detected and associated with necrotising fasciitis <input type="checkbox"/> Detected and associated with puerperal or neonatal sepsis <input type="checkbox"/> Syphilis – <b>SEE SYPHILIS NOTIFICATION FORM</b> <input type="checkbox"/> Infectious (primary, secondary, early latent), <2 yrs <input type="checkbox"/> More than 2 years or unknown duration <input type="checkbox"/> Congenital <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Viral haemorrhagic fevers ☎
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### HOSPITAL NOTIFICATION ONLY

To be notified by Hospital Chief Executive Officers or Delegate on basis of reasonable clinical suspicion

<input type="checkbox"/> Botulism ☎ <input type="checkbox"/> Cholera ☎ <input type="checkbox"/> COVID-19 <input type="checkbox"/> Diphtheria ☎ → Patient immunised <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Haemolytic uraemic syndrome (HUS) ☎ <input type="checkbox"/> Haemophilus influenzae type b ☎ <input type="checkbox"/> epiglottitis <input type="checkbox"/> meningitis <input type="checkbox"/> septicaemia → Patient immunised <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Legionnaires' disease ☎ <input type="checkbox"/> Lyssavirus ☎	<input type="checkbox"/> Meningococcal disease ☎ <input type="checkbox"/> meningitis <input type="checkbox"/> septicaemia <input type="checkbox"/> Other (specify) ..... <input type="checkbox"/> Paratyphoid fever ☎ <input type="checkbox"/> Plague ☎ <input type="checkbox"/> Poliomyelitis ☎ → Patient immunised <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Rabies ☎ <input type="checkbox"/> Tetanus → Patient immunised <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Typhoid ☎ <input type="checkbox"/> Typhus (epidemic) ☎ <input type="checkbox"/> Yellow fever ☎
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☎ Please notify these conditions by telephone to the Public Health Unit on 1300 066 055. See over for your local Public Health Unit contact details.

## Referring doctor details

Name: ..... Telephone: .....  
 Address: .....  
 Notification Date \_\_\_ / \_\_\_ / \_\_\_\_\_ State: ..... Postcode: .....



# AEFI RELATING TO COVID-19 VACCINE

## REPORTER DETAILS

Last Name ..... Phone – Landline: *(inc. area code)* .....

First Name ..... Mobile Phone: .....

Practice Name: *(if relevant)* ..... Email Address: .....

Address: ..... Fax: .....

State: ..... Postcode: ..... Date of report: \_\_\_ / \_\_\_ / \_\_\_\_\_

Reporter type:

Medical practitioner  Registered nurse  Vaccinated person

Parent/guardian  Other *(specify)* .....

Is the reporter the vaccination provider?  No  Yes

## Vaccine details (if known)

Vaccine (brand name)	Dose no.	Batch number	Date given	Time given	Route of administration	Injection site	
					<input type="checkbox"/> IM <input type="checkbox"/> SC <input type="checkbox"/> ID	<input type="checkbox"/> RL <input type="checkbox"/> RA	<input type="checkbox"/> LL <input type="checkbox"/> LA
					<input type="checkbox"/> IM <input type="checkbox"/> SC <input type="checkbox"/> ID	<input type="checkbox"/> RL <input type="checkbox"/> RA	<input type="checkbox"/> LL <input type="checkbox"/> LA

## Adverse Event Details

Date of onset: \_\_\_ / \_\_\_ / \_\_\_\_\_ Time of onset : .....

Description of events, including timeline of occurrences:

Management of event *(tick as many as apply)*

None  Nurse assessment  GP assessment  Hospital emergency department

Hospital admission *(specify number of days and date of discharge):*  Unknown

.....

Other *(describe):* .....

.....

Please specify the treatment/carer provided *(e.g. antibiotics, adrenaline, advice, counselling, etc.):*

## Outcome

Have the symptoms resolved?

Yes *(specify date and time resolved)* Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ Time : .....

No *(Symptoms are ongoing as of)* Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ Time : .....

Describe: .....

Unknown

<b>Public Health Unit</b>	<b>Mailing Address</b>	<b>Contact</b>	<b>After Hours/On Call</b>
<b>Albury</b> <i>Murrumbidgee LHD</i>	PO Box 3095 Albury 2640	Ph: 02 6053 4800 Fax: 02 6933 9220 (s)	AH: 02 6053 4800
<b>Bathurst</b> <i>Western NSW LHD</i>	PO Box 143 Bathurst 2795	Ph: 02 6330 5880 Fax: 02 6332 3137 (s)	AH: 0428 400 526
<b>Broken Hill</b> <i>Far West LHD</i>	PO Box 457 Broken Hill 2880	Ph: 08 8080 1216 Fax: 08 8080 1196 (s)	AH: 0419 917 426
<b>Camperdown</b> <i>Sydney LHD</i>	PO Box 374 Camperdown 1450	Ph: 02 9515 9420 Fax: 02 9515 9467 (s)	AH: 02 9515 6111
<b>Dubbo</b> <i>Western NSW LHD</i>	PO Box 4061 Dubbo 2830	Ph: 02 6809 8979 Fax: 02 6332 3137 (s)	AH: 02 6809 6809 (Dubbo Base Hospital) - ask for Public Health Officer on call, if no answer: Mobile 0418 866 397
<b>Gosford</b> <i>Central Coast LHD</i>	PO Box 361 Gosford 2250	Ph: 02 4320 9730 Fax: 02 4320 9746 (s)	AH: 02 4320 2111 (Gosford Hospital Switch)
<b>Goulburn</b> <i>Southern NSW LHD</i>	PO Box 472 Goulburn 2580	Ph: 02 4825 4944 Fax: 02 4825 4942 (s)	AH: 02 6053 4800
<b>Hornsby</b> <b>Northern Sydney LHD</b>	Hornsby-Ku-ring-gai Hospital Palmerston Rd Hornsby 2077	Ph: 02 9485 6911 Fax: 02 9485 6093 (s)	AH: 02 9477 9123
<b>Lismore</b> <i>Northern NSW LHD</i>	PO Box 498 Lismore 2480	Ph: 02 6620 7585 Fax: 02 6620 2552 (s)	AH: 0439 882 752
<b>Liverpool</b> <i>South Western Sydney LHD</i>	PO Box 38 Liverpool BC NSW 1871	Ph: 02 9794 0855 Fax: 02 9794 0838 (s)	AH: 02 8738 3000 (Liverpool Hospital Switch)
<b>Newcastle</b> <i>Hunter New England LHD</i>	Locked Bag 10 Wallsend 2287	Ph: 02 4924 6477 Fax: 02 4924 5704 (s)	AH: 02 4924 6477
<b>Parramatta</b> <b>Western Sydney LHD</b>	Locked Bag 7118 Parramatta BC 2124	Ph: 02 9840 3603 Fax: 02 9840 3591 (s)	AH: 02 8890 5555
<b>Penrith</b> <i>Nepean Blue Mountains LHD</i>	PO Box 63 Penrith 2751	Ph: 02 4734 2022 Fax: 02 4734 3444 (s)	AH: 02 4734 2000
<b>Port Macquarie</b> <i>Mid North Coast LHD</i>	PO Box 126 Port Macquarie 2444	Ph: 02 6589 2120 Fax: 02 6589 2390 (s)	AH: 0439 882 752
<b>Randwick</b> <i>South Eastern Sydney LHD</i>	Locked Bag 88 Randwick 2031	Ph: 02 9382 8333 Fax: 02 9382 8314 (s)	AH: 02 9382 2222
<b>Tamworth</b> <i>Hunter New England LHD</i>	Locked Mail Bag 10 Wallsend 2287	Ph: 02 6764 8000 Fax: 02 4924 5704 (s)	AH: 02 4924 6477
<b>Wollongong</b> <i>Illawarra Shoalhaven LHD</i>	Locked Bag 9 Wollongong 2500	Ph: 02 4221 6700 Fax: 02 4221 6759 (s)	AH: 02 4222 5000

Note: (s) = secure fax number