

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

- Acute rheumatic fever – **SEE ACUTE RHEUMATIC FEVER/RHEUMATIC HEART DISEASE NOTIFICATION FORM**
- Acute viral hepatitis (including HAV, HBV, HCV) ☎
type if known
- Adverse event following immunisation
- Asbestosis – (Drs only) – **SEE ASBESTOSIS NOTIFICATION FORM**
- Avian influenza ☎
- Creutzfeldt-Jakob disease
- Variant Creutzfeldt-Jakob disease ☎
- Foodborne illness in two or more related cases ☎
- Gastroenteritis in an institution ☎
- HIV – (Drs only) – **SEE HIV NOTIFICATION FORM**
- Leprosy
- Measles ☎
→ Patient immunised Y N
- Middle East respiratory syndrome coronavirus ☎
- Monkeypox ☎
- Pertussis (Whooping cough)
→ Patient immunised Y N
- Rheumatic heart disease (less than 35 years of age) –
SEE ACUTE RHEUMATIC FEVER/RHEUMATIC HEART DISEASE NOTIFICATION FORM
- Severe acute respiratory syndrome (SARS) ☎
- Silicosis – (Drs only) – **SEE SILICOSIS NOTIFICATION FORM** 📧
- Smallpox ☎
- Syphilis – **SEE SYPHILIS NOTIFICATION FORM**
 - Infectious (primary, secondary, early latent), <2 yrs
 - More than 2 years or unknown duration
 - Congenital
- Tuberculosis
- Viral haemorrhagic fevers ☎

HOSPITAL NOTIFICATION ONLY

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

- Botulism ☎
- Cholera ☎
- COVID-19 ☎
- Diphtheria ☎
→ Patient immunised Y N
- Haemolytic uraemic syndrome (HUS) ☎
- Haemophilus influenzae type b ☎
 - epiglottitis meningitis septicaemia
 - Patient immunised Y N
- Legionnaires' disease ☎
- Lyssavirus ☎
- Meningococcal disease ☎
 - meningitis septicaemia
 - Other (specify)
- Paratyphoid fever ☎
- Plague ☎
- Poliomyelitis ☎
→ Patient immunised Y N
- Rabies ☎
- Tetanus
→ Patient immunised Y N
- Typhoid ☎
- Typhus (epidemic) ☎
- Yellow fever ☎

☎ 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.
 📧 Please send the silicosis notification form to Environmental Health Branch via email at MOH-EHB@health.nsw.gov.au or via secure fax (02) 9391 9960

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/carers 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

Public Health Unit	Mailing Address	Contact	After Hours/On Call
Albury <i>Murrumbidgee LHD</i>	PO Box 3095 Albury 2640	Ph: 02 6053 4800 Fax: 02 6933 9220 (s)	AH: 02 6053 4800
Bathurst <i>Western NSW LHD</i>	PO Box 143 Bathurst 2795	Ph: 02 6330 5880 Fax: 02 6332 3137 (s)	AH: 0428 400 526
Broken Hill <i>Far West LHD</i>	PO Box 457 Broken Hill 2880	Ph: 08 8080 1216 Fax: 08 8080 1196 (s)	AH: 0419 917 426
Camperdown <i>Sydney LHD</i>	PO Box 374 Camperdown 1450	Ph: 02 9515 9420 Fax: 02 9515 9467 (s)	AH: 02 9515 6111
Dubbo <i>Western NSW LHD</i>	PO Box 4061 Dubbo 2830	Ph: 02 6809 8979 Fax: 02 6332 3137 (s)	0418 866 397
Gosford <i>Central Coast LHD</i>	PO Box 361 Gosford 2250	Ph: 02 4320 9730 Fax: 02 4320 9746 (s)	AH: 02 4320 2111
Goulburn <i>Southern NSW LHD</i>	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 <i>Northern NSW LHD</i>	PO Box 498 Lismore 2480	Ph: 02 6620 7585 Fax: 02 6620 2552 (s)	AH: 0439 882 752
Liverpool <i>South Western Sydney LHD</i>	PO Box 38 Liverpool 1871	Ph: 02 9794 0855 Fax: 02 9794 0838 (s)	AH: 02 8738 3000 (Liverpool Hospital Switch)
Newcastle <i>Hunter New England LHD</i>	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 <i>Nepean Blue Mountains LHD</i>	PO Box 63 Penrith 2751	Ph: 02 4734 2022 Fax: 02 4734 3444 (s)	AH: 02 4734 2000
Port Macquarie <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
Randwick <i>South Eastern Sydney LHD</i>	Locked Bag 88 Randwick 2031	Ph: 02 9382 8333 Fax: 02 9382 8314 (s)	AH: 02 9382 2222
Tamworth <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
Wollongong <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