"SCHEDULE
(Regulation 2)
Form
(Regulation 2)
PREVENTION AND CONTROL OF INFECTIOUS DISEASES ACT 1988
PREVENTION AND CONTROL OF INFECTIOUS DISEASES (NOTICE FORM) (AMENDMENT) REGULATIONS 2011

Notification Form: Rev/2010
Serial No:

NOTIFICATION OF COMMUNICABLE DISEASES TO BE REPORTED

(Section 10, Prevention And Control Of Communicable Diseases Act, 1988)

A. PATIENT INFORMATION

1. Full Name (CAPITAL LETTER):

Accompany by(Mother/Father/Guardian):
(If under age/without Identity Card)

2. Identity Card Number / Travelling Document: ☐ Self ☐ Accompany by
(For Non Citizen)

Hospital/Clinic Reg Number: Ward:_____ Date of Admission: / /

3. Citizenship:
Citizen
☐ Yes Race/Ethnic:
Sub Ethnic:
(For Aborigines, Native of Sabah/Sarawak)
☐ No Country of origin:
Status of Entry: ☐ Legal ☐ Illegal ☐ Permanent Resident

4. Gender: ☐ Male ☐ Female

5. Date of birth: / /

6. Age: ☐ Year ☐ Month ☐ Day

7. Occupation:_____
(If unemployed, please state self reference)

8. Telephone No.: ☐ Resident ☐ H.phone ☐ Office -
(Contact purposes)

9. Current Address:

10. Address of Employer/School/College/University:

B. DISEASE DIAGNOSIS

☐ 1. Poliomyelitis
☐ 2. Viral Hepatitis A
☐ 3. Viral Hepatitis B
☐ 4. Viral Hepatitis C
☐ 5. Viral Hepatitis *(Others)*
☐ 6. AIDS
☐ 7. Chancroid
☐ 8. Cholera
☐ 9. Dengue Fever
☐ 10. Dengue Haemorrhagic Fever
☐ 11. Diphtheria
☐ 12. Dysentery
☐ 13. Ebola
☐ 14. Food Poisoning
☐ 15. Gonorrhoea
☐ 16. Hand, Food and Mouth Disease
☐ 17. Human Immunodeficiency Virus Infection
☐ 18. Influenza
☐ 19. Leprosy *(Multibacillary)*
☐ 20. Leprosy *(Paucibacillary)*
☐ 21. Leptospirosis
☐ 22. Malaria - *Vivax*
☐ 23. Malaria - *Falciparum*
☐ 24. Malaria - *Malariae*
☐ 25. Malaria - *Others*
☐ 26. Measles
☐ 27. Plague
☐ 28. Rabies
☐ 29. Relapsing Fever
☐ 30. Syphilis - *Congenital*
☐ 31. Syphilis - Acquired
☐ 32. Tetanus Neonatorum
☐ 33. Tetanus *(Others)*
☐ 34. Typhus - *Scrub*
☐ 35. Tuberculosis - *PTB Smear Positive*
☐ 36. Tuberculosis - *PTB Smear Negative*
☐ 37. Tuberculosis - *Extra Pulmonary*
☐ 38. Typhoid - *Salmonella typhi*
☐ 39. Typhoid - *Paratyphoid*
☐ 40. Viral Encephalitis - *Japanese*
☐ 41. Viral Encephalitis - *Nipah*
☐ 42. Viral Encephalitis - *(Others)*
☐ 43. Whooping Cough / Pertussis
☐ 44. Yellow Fever
☐ 45. Others: *please specify:* _____

Besides by written notification, the following diseases must be notified by telephone within 24 hours, such as:- Acute Poliomyelitis, Cholera, Dengue, Diptheria, Ebola, Food Poisoning, Plague, Rabies and Yellow Fever.

11. Case detection classification:
☐ Case ☐ Contact ☐ FOMEMA
☐ Screening Test _____

12. Status of patient:
☐ Live/alive
☐ Died - -

13. Date of Onset: - -

14. Laboratory investigation:
Investigation: (i)_____
(ii)_____ (iii)_____
Date of specimen taken: - -

15. Laboratory investigation result:
☐ Positive (_____)
☐ Negative
☐ Pending

16. Diagnosis Status:
☐ Provisional/Suspected
☐ Confirmed
Date of Diagnosis - -

17. Relevant Clinical Information:

18. Comment:

C. NOTIFIER

19. Name of Medical Practitioner:

20. Name and address of Hospital/Clinic:

21. Date of Notification: - -

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Signature of Medical Practitioner