

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 and dates)	

Please send completed forms to:

North East Public Health Centre, Health Protection Team

TEL: 0844 225 3550

FAX: 0191 221 2584