



Infectious Diseases Notification Form

Case information	Clinical Information
Medical Record #	Diagnosis : _____
Name First _____ Middle _____ Family _____	<input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed Date of Onset ___/___/___
Date of birth ___/___/___ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> In-patient <input type="checkbox"/> Out-Patient Date of admission ___/___/___
Nationality : _____	Action taken: (tick All that apply) <input type="checkbox"/> Investigation done <input type="checkbox"/> Sent home <input type="checkbox"/> Admitted <input type="checkbox"/> Referred Details (specify. e.g. type of investigation, medication prescribed, or referral hospital name) _____ _____
Passport #: _____	
Emirates ID# : _____	
Emirates of residence: <input type="checkbox"/> AD <input type="checkbox"/> DXB <input type="checkbox"/> SHJ <input type="checkbox"/> AJ <input type="checkbox"/> UAQ <input type="checkbox"/> RAK <input type="checkbox"/> FUJ	
Address : City _____ Area _____ Street: _____ House/flat No. _____	
Mobile Number: _____	Registration Information:
Home Number : _____	
Employment information	Clinician's Name
Occupation: _____	First _____ Family _____
Place of work/school: _____	ID / License # - Stamp & Signature : I certify that I have completed this form to the best of my knowledge
Telephone # of work/school: _____	ID# _____ Date ___/___/___ Stamp & signature : _____
Residency status: <input type="checkbox"/> UAE citizen <input type="checkbox"/> Resident Expatriates <input type="checkbox"/> Visitor	Clinician's Contact Number : _____
Sponsor's Name : First _____ Middle _____ Family _____	Health Care Facility Name: _____
Sponsor's mobile: _____	
Please Select the Diagnosis from the list below	
<input type="checkbox"/> AFP/ Poliomyelitis 📞📠📧 1 <input type="checkbox"/> Amebiasis 📞📠📧 7 <input type="checkbox"/> Anthrax 📞 <input type="checkbox"/> Avian Influenza (human) 📞 <input type="checkbox"/> Botulism 📞 <input type="checkbox"/> Brucellosis 📞📠📧 1 <input type="checkbox"/> Chickenpox 📞📠📧 7 <input type="checkbox"/> Chickenpox (hospitalizations and deaths) 📞📠📧 1 <input type="checkbox"/> Cholera 📞 <input type="checkbox"/> Creutzfeldt-Jakob Disease (CJD) 📞📠📧 7 <input type="checkbox"/> Dengue Fever 📞 <input type="checkbox"/> Diphtheria 📞 Encephalitis, Specify Etiology: 📞📠📧 1 <input type="checkbox"/> Viral <input type="checkbox"/> Bacterial <input type="checkbox"/> Fungal <input type="checkbox"/> Parasitic <input type="checkbox"/> Escherichia coli: 📞📠📧 1 <input type="checkbox"/> Food borne Illness 📞 Specify: <input type="checkbox"/> Giardiasis 📞📠📧 7 <input type="checkbox"/> Haemophilus influenzae invasive disease 📞📠📧 1 <input type="checkbox"/> Hemolytic Uremic Syndrome 📞 <input type="checkbox"/> Hepatitis A 📞📠📧 1 <input type="checkbox"/> Hepatitis B (specify acute case or chronic) 📞📠📧 7 <input type="checkbox"/> Hepatitis C (specify acute case or chronic) 📞📠📧 7 <input type="checkbox"/> Hepatitis D (Delta) 📞📠📧 7 <input type="checkbox"/> Hepatitis, other acute 📞📠📧 1 Specify..... <input type="checkbox"/> Human Immunodeficiency Virus (HIV)/AIDS 📞 <input type="checkbox"/> Influenza 📞📠📧 7 <input type="checkbox"/> Invasive Pneumococcal Disease (IPD) 📞📠📧 7 <input type="checkbox"/> Hydatid Disease 📞📠📧 7 <input type="checkbox"/> Legionellosis 📞📠📧 1	<input type="checkbox"/> Leprosy (Hansen Disease) 📞📠📧 1 <input type="checkbox"/> Listeriosis 📞📠📧 7 <input type="checkbox"/> Malaria 📞📠📧 1 <input type="checkbox"/> Measles (Rubeola) 📞📠📧 1 Meningitis Specify Etiology: 📞📠📧 1 <input type="checkbox"/> Viral <input type="checkbox"/> Bacterial <input type="checkbox"/> Fungal <input type="checkbox"/> Parasitic <input type="checkbox"/> Meningococcal Infections 📞 specify.... <input type="checkbox"/> Mumps 📞📠📧 7 <input type="checkbox"/> Pertussis (Whooping Cough) 📞📠📧 1 <input type="checkbox"/> Plague 📞 <input type="checkbox"/> Rabies 📞 <input type="checkbox"/> Relapsing Fever 📞📠📧 1 <input type="checkbox"/> Rubella (German Measles) 📞📠📧 1 <input type="checkbox"/> Rubella Syndrome, Congenital 📞📠📧 1 <input type="checkbox"/> Scabies 📞📠📧 7 <input type="checkbox"/> Severe Acute Respiratory Syndrome (SARS) 📞 <input type="checkbox"/> Shigellosis 📞📠📧 1 <input type="checkbox"/> Smallpox (Variola) 📞 <input type="checkbox"/> Sexually Transmitted Infection (STIs) e.g. Chlamydia, Gonorrhoea, Syphilis, other, 📞📠📧 7 specify..... <input type="checkbox"/> Tetanus 📞📠📧 7 <input type="checkbox"/> Tuberculosis (Pulmonary) 📞 <input type="checkbox"/> Tuberculosis (Extra-Pulmonary) 📞📠📧 7 <input type="checkbox"/> Typhoid /Paratyphoid Fever 📞📠📧 1 <input type="checkbox"/> Typhus Fever 📞📠📧 1 <input type="checkbox"/> Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) 📞 <input type="checkbox"/> Yellow Fever 📞 <input type="checkbox"/> Occurrence of any unusual diseases 📞 specify

📞 = Report immediately by telephone.
 📞📠📧 1 = Report by fax, phone or mail within one calendar day of identification,
 📞📠📧 7 = Report by fax, phone or mail within seven calendar days of identification

To be completed by the Center of Disease Control (CDC)

Received by (name): _____ Date: __/__/_____ Signature: _____ Time: _____ Investigator (name): _____ Date: __/__/_____ Signature: _____ Time: _____	CUID# : _____ CIF # : _____
Instructions: -----	
Outcome: <input type="checkbox"/> Cure <input type="checkbox"/> Follow-up <input type="checkbox"/> Lost to follow up <input type="checkbox"/> Traveled <input type="checkbox"/> Died <input type="checkbox"/> Other (specify):-----	
Action taken: ----- ----- ----- ----- ----- ----- ----- ----- -----	

District	Phone		Fax
	Disease Control	Director	
Abu Dhabi	(02) 419 3275	(02) 419 3602	(02) 449 6966
Western Region	(02) 884 6223	(02) 419 3602	(02) 884 7835
Eastern Region	(03) 767 8883	(02) 419 3602	(03) 767 9556
Dubai	(04) 273 1161	(04) 273 1467	(04) 272 6520
Sharjah	(06) 566 2111	(06) 567 0908	(06) 567 0911
Ajman	(06) 744 8585	(06) 701 0220	(06) 744 3873
Um Al Quwain	(06) 765 6941	(06) 765 6941	(06) 765 4441
Ras Al Khaimah	(07) 222 3111	(07) 222 3111	(07) 222 2114
Fujairah	(09) 222 7114	(09) 222 2230	(09) 222 4626