

Appendix 2

Suspected Infectious Disease Outbreak in School / Kindergarten /KG-cum CCC /Child Care Centre NOTIFICATION FORM

To: Central Notification Office (CENO), Centre for Health Protection (Fax: 2477 2770)

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|--|--|---|
| Type of organization: (Please tick one) | <input type="checkbox"/> School* | <input type="checkbox"/> Kindergarten* |
| | <input type="checkbox"/> Kindergarten-cum-child care centre† | <input type="checkbox"/> Child care centre‡ |
| Name of organization | (Code no.: _____) | |
| Address: | _____ | |
| Contact person: | _____ (Post: _____) | Fax: _____ |
| Tel (office hours): | _____ | Tel (outside office hours): _____ |
| Total no. of students/children: | _____ | Total no. of staff: _____ |
| No. of sick students/children: | _____ | (No. admitted into hospital : _____) |
| No. of sick staff: | _____ | (No. admitted into hospital : _____) |
| Common symptoms: (May tick multiple) | <input type="checkbox"/> Fever <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough <input type="checkbox"/> Runny nose <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Vomiting <input type="checkbox"/> Skin rash <input type="checkbox"/> Blisters on hand/foot <input type="checkbox"/> Oral ulcers <input type="checkbox"/> Others (Please specify: _____) | |
| Suspected disease: | _____ | |
| Reported by: | _____ | Contact tel.: _____ |
| Signature: | _____ | Date of fax: _____(dd/mm/yyyy) |

* School / KG - fax copy to **School Development Section** of Education Bureau in their respective districts

† KG-cum-CCC - fax copy to **Joint Office for Kindergartens and Child Care Centres** of Education Bureau
 (Fax: 3107 2180)

‡ CCC - fax copy to **Child Care Centres Advisory Inspectorate** of Social Welfare Department (Fax: 2591 9113)

For enquiries, please call 2477 2772