

**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)**

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 )