

Notifiable Medical Conditions (NMC) Case Notification Form

{Section 90 (1) (j), (k) and (w) of National Health Act, 2003 (Act no. 61 of 2003)}

This form must be **completed immediately** by the health care provider who diagnosed the condition **Please mark applicable areas with an X**

Health facility name <i>(with provincial prefix)</i>				Health facility contact number				Health district					
Patient file/folder number				Patient HPRS-PRN				Date of notification					
Patient demographics				Patient residential address									
First name				<i>Street/dwelling unit/building/ERF number</i>									
Surname				<i>Street name, building, location description</i>									
S.A ID number				<i>Sub-place, suburb, village, postal area</i>									
Passport/other ID number				<i>Town/city</i>				<i>Post code:</i>					
Citizenship				Employer/educational institution address									
Date of birth				<i>Institution name</i>									
Age				<i>Street name, building, location description</i>									
Gender				<i>Sub-place, suburb, village, postal area</i>									
Is patient pregnant?				<i>Town/city</i>				<i>Post code:</i>					
Contact number				Contact number									
Medical conditions details													
Name of NMC diagnosed				History of possible exposure to NMC in the last 60dys				No		Yes		Unknown	
Method of diagnosis				<i>Clinical signs and symptoms ONLY</i>		<i>Rapid test</i>		<i>X-ray</i>		<i>Laboratory confirmed</i>		<i>Other:</i>	
Clinical symptoms relating to the NMC													
Treatment given for the NMC													
Date of diagnosis				Date of symptom onset									
Patient admission status				<i>Outpatient</i>		<i>Discharged</i>		<i>Inpatient</i>		Ward name			
Patient vital status				<i>Alive</i>		<i>Deceased</i>		Date of death					
Travel history in the last 60 days													
Did patient travel outside of usual place of residence?				Yes		No		If yes, complete the travel details below					
Place travelled to or place travelled from				Date of exit				Date of entry					
<i>Province or Country</i>				<i>Locality/city/town</i>				<i>y y y y - m m - d d</i>					
<i>Province or Country</i>				<i>Locality/city/town</i>				<i>y y y y - m m - d d</i>					
Vaccination history for the NMC diagnosed above (complete only for vaccine preventable NMC)													
Vaccination status				<i>Not vaccinated</i>		<i>Up-to-date</i>		<i>Unknown</i>		Date of last vaccination			
Specimen details				Notifying health care provider's details									
Was a specimen collected?				Yes		No		First name					
Date of specimen				Surname									
Specimen barcode/lab number				Mobile number									
				SANC/HPCSA number				Notifier's signature					

The top copy (white) must be sent to the sub-district/district office. The middle copy (blue) must be attached to the patient referral letter or patient file. The bottom copy (pink) must remain in the booklet