

Enhanced COVID-19 Notifiable Medical Conditions (NMC) 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 (with provincial prefix)		Health facility contact number				Health district																								
Patient file/folder number		Patient HPRS-PRN				Date of notification																								
						y	y	y	y	-	m	m	-	d	d															
Patient demographics						Patient residential address																								
First name						Street/dwelling unit/building/ERF number																								
Surname						Street name, building, location description																								
RSA ID/Passport number						Sub-place, suburb, village, postal area																								
Citizenship						Town/city						Post code:																		
Ethnic group		Black African	Coloured	Indian/Asian	White	Other	Employer/educational institution address																							
Date of birth		y	y	y	y	-	m	m	-	d	d	Institution name																		
Age		Years		Months (if less than 1 year)		Days (if less than 1 month)		Street name, building, location description																						
Gender		Male		Female		Self-defined		Sub-place, suburb, village, postal area																						
Contact number		Alternative contact number				Town/city						Post code:																		
Next of kin						Contact number																								
Name						Occupation																								
Surname						Unemployed		Student		Healthcare worker																				
Relationship to the patient						Health laboratory worker		Other		(specify)																				
Contact number						Hospitalisation																								
Medical condition details						Admission status		Outpatient		Inpatient																				
Medical condition		<i>This form is for notifying COVID-19 case only</i>				Clinically required hospitalisation		Yes		No																				
Was the patient previously tested for COVID-19?						Date of admission		y	y	y	y	-	m	m	-	d	d													
		Yes (if repeat test)		No (if first test)		Unknown		Level of care		General ward		High Care		ICU																
Date of symptom onset		y	y	y	y	-	m	m	-	d	d	If High Care/ICU																		
Symptoms		Fever		Sore throat		Cough		Shortness of breath		Date entered High Care /ICU		y	y	y	y	-	m	m	-	d	d									
		Myalgia/body aches		Diarrhea		Other		Date exited High Care/ ICU		y	y	y	y	-	m	m	-	d	d											
Case severity		Asymptomatic		Mild ¹		Moderate ²		Severe ³		Oxygen requirements during hospitalisation																				
Date of diagnosis		y	y	y	y	-	m	m	-	d	d	Room air		Nasal cannula oxygen																
Method of diagnosis		Clinical signs and symptoms ONLY				Laboratory confirmed		Mechanical ventilation																						
		Rapid test		X-Ray		Other		Start date		y	y	y	y	-	m	m	-	d	d	End	y	y	y	y	-	m	m	-	d	d
Source of PUI ⁴		Field testing		Health facility		Healthcare professional		ECMO ⁵																						
Name of source of PUI						Start date		y	y	y	y	-	m	m	-	d	d	End	y	y	y	y	-	m	m	-	d	d		
Patient received systemic antimicrobial treatment during hospital admission for a probable or confirmed healthcare-associated infection						Yes		No		Unknown																				

¹Mild - not requiring hospitalization for clinical reasons

²Moderate - requiring hospitalization

³Severe - requiring high care/ICU

⁴PUI - Person under investigation

⁵ECMO – Extracorporeal membrane oxygenation

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Underlying factors/comorbid conditions										Hospital outcome										
HIV	Yes		No		Unknown					Status	Discharged			In hospital			Transferred		Died	
TB	Yes		No		Unknown					If discharged, date	y	y	y	y	-	m	m	-	d	d
COPD ⁶	Yes		No		Unknown					If died, date	y	y	y	y	-	m	m	-	d	d
Hypertension	Yes		No		Unknown					Outcome of patient cared for at home after 14 days of symptom onset/test date										
Diabetes	Yes		No		Unknown					Alive, asymptomatic	Alive, symptomatic					Died				
Asthma	Yes		No		Unknown					Specimen details										
Obesity	Yes		No		Unknown					Was the specimen collected	Yes					No				
Pregnancy	Yes		No		Unknown					Date of collection	y	y	y	y	-	m	m	-	d	d
Cancer	Yes		No		Unknown					Specimen barcode/lab number										
Other	Yes		No							Travel history in the last 14 days										
If other, specify										Did patient travel outside of usual place of residence?						Yes	No			
If TB, is patient on TB treatment	Yes		No		Unknown					Place travelled from	Place travelled to				Date left usual place of residence		Date returned to usual place of residence			
If yes, TB treatment start date	y	y	y	y	-	m	m	-	d	d										
If living with HIV, is patient on ART?	Yes		No		Unknown					(Country/City/ Town)	(Country/City/ Town)									
If yes, is there viral suppression?	Yes		No		Unknown					(Country/City/ Town)	(Country/City/ Town)									
History of close physical contact with confirmed COVID-19 case in past 14 days										Vaccination history for COVID-19										
Close physical contact with a known COVID-19 case			Yes		No		Unknown			Has the patient received a COVID-19 vaccine?	Yes			No			Unknown			
If yes, please indicate the contact setting										Source of data on vaccination		Vaccine card			Vaccine register			Patient verbal report		
Quarantine Centre		Healthcare setting		Family setting		Workplace				If yes, how many doses were received?										
If other, specify										Dose 1	Name of vaccine				Date of vaccination (yyyy-mm-dd)					
										Dose 2	Name of vaccine				Date of vaccination (yyyy-mm-dd)					
										Dose 3	Name of vaccine				Date of vaccination (yyyy-mm-dd)					
										Dose 4	Name of vaccine				Date of vaccination (yyyy-mm-dd)					
Notifying health care provider's details																				
Mobile number:										First name:										
SANC/HPCSA number:										Surname:										
Email address:										Notifier's signature:										

Send to NMCsurveillanceReport@nicd.ac.za or fax to [086 639 1638](tel:0866391638) or NMC hotline [072 621 3805](tel:0726213805) and to the sub-district/district office

⁶ COPD - Chronic obstructive pulmonary disease