

# Notifiable Disease Notification Form

Ministry of Health Vanuatu 2021

<b>Date of notification*</b>	<u>DD/MM/YYYY</u>		
Source of notification ( <i>Health facility/School</i> )			
Name of Person Notifying			
Position of Person Notifying			
<b>1. Demographic information*</b>			
ID Number: <u>DDMMYY###</u>	First name	Last name	
Sex of patient <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth <u>DD/MM/YYYY</u>	Age: ## years ## months	
If minor provide parent name			
First name	Last name		
<b>Phone number 1*</b>	Phone number 2		
Current address (be as precise as possible)			
Area/Village:	Island:	Province:	
<b>2. Disease Suspected</b>			
<input type="checkbox"/> Dengue Virus <input type="checkbox"/> Zika Virus <input type="checkbox"/> Chikungunya Virus <input type="checkbox"/> Meningococcal Disease <input type="checkbox"/> Diarrhoea (increase)	<input type="checkbox"/> Cholera <input type="checkbox"/> Pneumonia <input type="checkbox"/> Influenza (increase) or associated with Severe respiratory syndrome	<input type="checkbox"/> Measles/Rubella <input type="checkbox"/> Pertusis <input type="checkbox"/> Tetanus <input type="checkbox"/> Diphtheria <input type="checkbox"/> Polio <input type="checkbox"/> Typhoid <input type="checkbox"/> Malaria	<input type="checkbox"/> Leptospirosis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Leprosy <input type="checkbox"/> COVID-19 <input type="checkbox"/> HIV <input type="checkbox"/> Other (specify): _____
<b>3. Laboratory</b>			
<b>Date of Test requested*:</b> <u>DD/MM/YYYY</u>			
<b>Type of Test Requested:</b> <input type="checkbox"/> Whole Blood <input type="checkbox"/> Urine <input type="checkbox"/> Dried Blood Spot <input type="checkbox"/> Other (Specify): _____			
<b>Lab ID Number:</b> _____			
<b>4. Comments</b>			

\*Required to fill in

Last updated 10-08-2021

Forward form to Clinical Surveillance Officer / Public Health Surveillance Officer within your province

For any Queries email: Vanuatu National Surveillance Unit on Email: [vnusu@vanuatu.gov.vu](mailto:vnusu@vanuatu.gov.vu) / [survvan2017@gmail.com](mailto:survvan2017@gmail.com)