

## NOTIFICATION FORM OF INFECTIOUS DISEASES

(Section 10, Prevention And Control Of Infectious Diseases Act 1988)

### A. PATIENT INFORMATION

1. Full Name (CAPITAL LETTER):

Accompany by (Mother/Father/Guardian):   
(If under age/without Identity Card)

2. Identity Card Number / Travelling Document:   Self  Accompany by  
(For Non-Citizen)

Hospital / Clinic Reg. Number:  Ward Name: \_\_\_\_\_ Date of Admission:  /  /

3. Citizenship:  
Citizen  
 Yes Race/Ethnic:   
Sub Ethnic:   
(For Aborigines, Native of Sabah/Sarawak)  
 No Country of origin:   
Status of Entry:  Legal  Illegal  Permanent Resident

4. Gender:  Male  Female  
5. Date of Birth:  /  /   
6. Age:  Year  Month  Day  
7. Occupation: \_\_\_\_\_  
(If unemployed, please state self reference)

8. Telephone No.:  Resident  H.phone  Office  -

9. Current Address:   
10. Address of Employer / School / College / University:

### B. DISEASE DIAGNOSIS

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1. Human Immunodeficiency Virus Infection (HIV) | <input type="checkbox"/> 18. Leprosy (Multibacillary)                                | <input type="checkbox"/> 35. Typhoid - <i>Salmonella paratyphoid</i>                                  |
| <input type="checkbox"/> 2. AIDS   | <input type="checkbox"/> 19. Leprosy (Paucibacillary)                                | <input type="checkbox"/> 36. Typhoid - <i>Salmonella typhi</i>  |
| <input type="checkbox"/> 3. Avian influenza                              | <input type="checkbox"/> 20. Malaria - Falciparum                                    | <input type="checkbox"/> 37. Typhus and other rickettsioses   |
| <input type="checkbox"/> 4. Whooping cough (Pertussis)                   | <input type="checkbox"/> 21. Malaria - Knowlesi                                      | <input type="checkbox"/> 38. Tuberculosis - PTB Smear Positive  |
| <input type="checkbox"/> 5. Measles                                      | <input type="checkbox"/> 22. Malaria - Malariae                                      | <input type="checkbox"/> 39. Tuberculosis - PTB Smear Negative  |
| <input type="checkbox"/> 6. Chancroid                                    | <input type="checkbox"/> 23. Malaria - Vivax   | <input type="checkbox"/> 40. Tuberculosis - Extra Pulmonary   |
| <input type="checkbox"/> 7. Dengue fever                                 | <input type="checkbox"/> 24. Middle East Respiratory Syndrome Coronavirus (MERS-CoV) | <input type="checkbox"/> 41. Tuberculosis - Drug Resistant  |
| <input type="checkbox"/> 8. Dengue haemorrhagic fever                    | <input type="checkbox"/> 25. Coronavirus Disease 2019 (COVID-19)                     | <input type="checkbox"/> 42. Viral encephalitis - JE  |
| <input type="checkbox"/> 9. Yellow fever                                 | <input type="checkbox"/> 26. Hand, foot and mouth disease (HFMD)                     | <input type="checkbox"/> 43. Viral encephalitis - Nipah   |
| <input type="checkbox"/> 10. Diphtheria                                  | <input type="checkbox"/> 27. Plague  | <input type="checkbox"/> 44. Viral encephalitis - (Others)  |
| <input type="checkbox"/> 11. Dysenteries (All forms)                     | <input type="checkbox"/> 28. Poliomyelitis (Acute)                                   | <input type="checkbox"/> 45. Viral hepatitis A  |
| <input type="checkbox"/> 12. Ebola                                       | <input type="checkbox"/> 29. Rabies  | <input type="checkbox"/> 46. Viral hepatitis B  |
| <input type="checkbox"/> 13. Gonococcal infections (All forms)           | <input type="checkbox"/> 30. Relapsing fever   | <input type="checkbox"/> 47. Viral hepatitis C  |
| <input type="checkbox"/> 14. Zika virus infection                        | <input type="checkbox"/> 31. Syphilis - Acquired                                     | <input type="checkbox"/> 48. Viral hepatitis (Others)   |
| <input type="checkbox"/> 15. Leptospirosis                               | <input type="checkbox"/> 32. Syphilis - Congenital                                   | <input type="checkbox"/> 49. Any other life threatening microbial infection,<br>please specify: _____ |
| <input type="checkbox"/> 16. Food poisoning                              | <input type="checkbox"/> 33. Tetanus Neonatorum                                      |   |
| <input type="checkbox"/> 17. Cholera                                     | <input type="checkbox"/> 34. Tetanus - Others  |   |

**The following diseases must be notified by telephone within 24 hours: Avian Influenza, Measles, Dengue, Yellow Fever, Diphtheria, Ebola, Zika Virus Infection, Food Poisoning, Cholera, Middle East Respiratory Syndrome Coronavirus (MERS-CoV), Coronavirus Disease 2019 (COVID-19), Hand, Foot and Mouth Disease (HFMD), Plague, Poliomyelitis (Acute) and Rabies. Other diseases must be notified within seven (7) days.**

11. Case Detection Classification:  Case  Contact  FOMEMA  
 Screening Test \_\_\_\_\_

12. Status of Patient:  Live/alive  
 Died  -  -

13. Date of Onset:  -  -

14. Laboratory Investigation:  
Investigation: (i) \_\_\_\_\_  
(ii) \_\_\_\_\_ (iii) \_\_\_\_\_  
Date of Specimen Taken:  -  -

15. Laboratory Investigation Result:  
 Positive (\_\_\_\_\_)  
 Negative  
 Pending

16. Diagnosis Status:  
 Provisional/Suspected  
 Confirmed  
Date of Diagnosis:  -  -

17. Relevant Clinical Information:

18. Comment:

### C. NOTIFIER

19. Name of Medical Practitioner:

20. Name and Address of Hospital/Clinic:

21. Date of Notification:  -  -

.....  
Signature of  
Medical Practitioner