FORM 1 PREVENTION AND CONTROL OF DISEASE ORDINANCE

(Cap. 599)

TUBERCULOSIS NOTIFICATION

Particulars of Infected Person

Name in English:			Name in Chinese:			Age / Se	Age / Sex:		I.D. Card / Passport No.:		
Residential Address:								Telephone No.: (Home):			
Name and address of workplace / school / other institution:									(Mobile):		
									Patient :		
									Family member :		
Job title / Class attended :									(Office / school / others):		
Hospital / Clinic sent to (if any):								Hospital No.:			
Site of TB (please ✓ all applicable)				Sputum					Other specimens		
	Lung	Meninges Meninges		(please ✓ and attach laboratory report if available							
	Pleura	Bone & Joint									
	Lymph node	Urinary system				Culture	PCR test		Smear	Culture	
	Miliary	Genital system	Positi	ve							
Other(s) (please specify):			Negat	Negative							
			Unkn	Unknown							
			Not d	one							
Disposal (please ✓ in front boxes and specify):											
		Kong: Years		Treatment started on:					(Date: dd/mm/yyyy)		
	ory of past treatment ete whichever not app			☐ On observation							
If yes, YEAR first receiving treatment:				Referred to Hospi				ital / Clinic / Private Practitioner			
					Died on: (Date: dd/mm/yyyy)						
(Plea	ase DELETE whiche	ver is not applicable)									
		ation of contacts myself. /	Please arrang	ge for exa	mination of a	contacts					
	-	ation of contacts mysen.	r rease arrang	ge for exa	illination of c	ontacts.					
ruru	ner Remarks:										
Notifie	ed under the Preventi	on and Control of Disease R	egulation by								
Dr		of			H	ospital / Clin	ic / Privat	e Pra	ctice		
	(Full Name in BLO	,									
		Ward / Unit / Sp	pecialty on	/_	/	(I	Date: dd/r	nm/y	ууу)		
Telephone No.: Fax No.: (Signature)											