

# REPORT OF NOTIFIABLE CONDITION OR RELATED DEATH FORM



**ACT**  
Government

Health and Community Services

Conditions marked with  require immediate phone notification on diagnosis or on the basis of reasonable clinical suspicion.

All other conditions require written notification as soon as possible within 5 days.

Please notify the Health and Community Services Directorate by phone (02) 5124 9213, fax (02) 5124 8810 or after-hours pager (02) 9962 4155.

Postal address: Locked Bag 5005, Weston Creek ACT 2611.

This form is available at: <http://www.act.gov.au>

## Condition being notified (refer to list on back)

Condition \_\_\_\_\_

\_\_\_\_\_

Date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_

## Pathology details

Pathology requested  Yes  No

ACT Pathology  Capital Pathology

Lavery Pathology

Other \_\_\_\_\_

## Patient details

Family name \_\_\_\_\_

Given names \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female  Other \_\_\_\_\_

Residential address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (home) \_\_\_\_\_ Mobile \_\_\_\_\_

Parent/carer name (if applicable) \_\_\_\_\_

Country of birth \_\_\_\_\_

Is the person of Aboriginal and/or Torres Strait Islander origin?

Yes, Aboriginal  No  Not asked

Yes, Torres Strait Islander  Not stated

Yes, both Aboriginal and Torres Strait Islander

What is the person's occupation?

Commercial food handler  Aged care worker

Health care worker  Child care worker

Other \_\_\_\_\_

Was your patient hospitalised?

Yes  No  Unknown

Date of death (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

Caused by notifiable condition  Unrelated cause

## Exposure and vaccination history (if applicable)

Q1. Has the case travelled interstate/overseas recently?

Yes  No  N/A If yes, where \_\_\_\_\_ when \_\_\_\_\_

Q2. Has the case been exposed to swimming pools, raw milk or potentially unsafe food or water?

Yes  No  N/A If yes, provide details \_\_\_\_\_

Q3. Is the case vaccinated for the condition being notified?

Yes  No  N/A If yes, provide details \_\_\_\_\_

Vaccine validation  Self-recall  Medical record  Australian Immunisation Register  Australian School Vaccination Register

## Clinical comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Notifier details (stamp is acceptable)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I have informed the patient that the ACT Health and Community Services Directorate has been notified and may contact them.

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List of conditions notifiable under the ACT Public Health Act 1997

Conditions marked with require immediate phone notification on diagnosis or on the basis of reasonable clinical suspicion. All other conditions require written notification as soon as possible within 5 days.

Information about case definitions can be found at [www.cdc.gov.au/resources/collections/cdna-surveillance-case-definitions](http://www.cdc.gov.au/resources/collections/cdna-surveillance-case-definitions) or by calling (02) 5124 9213.

Adverse event(s) following immunisation (AEFI)

**Anthrax**

**Avian influenza in humans (AIH)**

Barmah Forest virus infection

**Botulism**

Brucellosis

Campylobacteriosis

Chikungunya virus infection

Chlamydial infection

**Cholera**

COVID-19 (novel coronavirus disease 2019)

**Creutzfeldt-Jakob disease – all forms (e.g. Classical, Variant)**

Cryptosporidiosis

Dengue virus infection

**Diphtheria**

Donovanosis

Flavivirus infection – unspecified

(e.g. Zika virus, St Louis encephalitis)

**Food or water borne disease in 2 or more linked cases**

**Gastroenteritis involving 2 or more cases in an institution within 24 hours**

Gonococcal infection

**Haemolytic uraemic syndrome (HUS)**

**Haemophilus influenzae type b (Hib) infection (invasive)**

**Hantavirus**

**Hendra virus infection**

**Hepatitis A**

Hepatitis B

Hepatitis C

Hepatitis D

Hepatitis E

Hepatitis – infectious, not otherwise specified

Human Immunodeficiency Virus (HIV)

Influenza – laboratory confirmed

**Invasive Group A Streptococcus (iGAS)**

**Japanese encephalitis**

**Legionellosis**

Leprosy (Hansen's disease)

Leptospirosis

Listeriosis

**Lyssavirus** – all forms (e.g. Rabies, Australian Bat Lyssavirus)

Malaria

**Measles**

**Meningococcal infection (invasive)**

**Middle East Respiratory Syndrome Coronavirus (MERS-CoV)**

Mumps

**Mpox**

**Murray Valley encephalitis**

**Paratyphoid**

Pertussis

**Plague**

Pneumococcal disease (invasive)

**Poliomyelitis**

Psittacosis (Ornithosis)

Q fever

**Respiratory illness in 2 or more cases in an institution within 72 hours**

Respiratory Syncytial Virus (RSV)

Ross River virus infection

Rotavirus infection

Rubella and congenital rubella syndrome

Salmonellosis

**Severe Acute Respiratory Syndrome (SARS) coronavirus**

Shiga toxin producing *Escherichia coli* (STEC)

Shigellosis

**Smallpox**

Syphilis (including congenital syphilis)

Tetanus

Tuberculosis

**Tularaemia**

**Typhoid**

Varicella (please specify if Chicken Pox OR Shingles)

**Viral haemorrhagic fevers** – all forms (e.g. Ebola virus, Marburg haemorrhagic fever, Crimean-Congo haemorrhagic fever)

**West Nile virus/Kunjin virus infection**

**Yellow fever**

Last updated: June 2026