

## Registered medical practitioner notification form template

Complete this form to inform your [local health protection team](#) immediately about suspected notifiable disease cases. Send the certificate to the proper officer within 3 days or phone them within 24 hours, if the case is urgent. You can identify the relevant PHE team through this link <https://www.gov.uk/health-protection-team> .

<i>Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority</i>	
Registered Medical Practitioner reporting the disease	
Name	
Address	
Post code	
Contact number	
Date of notification	
Notifiable disease	
Date of onset of symptoms	
Date of diagnosis	
Date of death (if patient died)	
Index case details	
First name	
Surname	
Gender (M/F)	
DOB	
Ethnicity	
NHS number	
Post code	
Contact number	
Occupation (if relevant)	
Overseas travel, if relevant (destinations & dates)	

**Please send completed forms to the proper officer of the local authority or to the local Health Protection Unit.**