

**UPDATE TO COMMUNICABLE DISEASES DIVISION
MINISTRY OF HEALTH
(FAX NO. 62215528 OR 62215538)**

Cases of _____ (specify disease) at:

Name of Institution : _____

Address : _____

Telephone Number : _____ Person Updating: _____

S/ No.	Case BC/NRIC	Case Name	Telephone	Date of Birth	Sex	Ethnic Gp	Class	Date of Onset	Last Date At Centre	Date Recovered^	Certified sick by*		Remarks#
											Clinic Name	Doctor Name	
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													

*Case notification should be diagnosed and certified by a medical practitioner

^ Centre is required to fill up this column only when child has recovered. In the meanwhile, the centre should notify MOH as and when they are notified of new cases.

Please reflect suspect cases (cases with no doctor certification) in the remarks column