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| ssmlogo_s_BW**澳門特別行政區政府**Governo da Região Administrativa Especial de Macau**衛生局****Serviços de Saúde** | **Notification Form of Collective Illness related to** **Infectious Diseases in Social Service Institutions****Name of Institution:** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_****Address:**   | **Contact Person:** **Contact Tel:** **No. of service users:\_\_\_\_** **No. of staff:**  |
| **Name** | **Room no.** | **Sex** | **Age** | **Onset Date** | **Symptoms (Please ‘🗸’ or ‘🗴’ the appropriate boxes)** | **Remarks****(Contact Tel.)** | **Patient Card no. (if applicable)** |
| Fever (oC) | Cough | Expectoration | Running nose | Sore throat | Headache | Shortness of breath | Nausea | Vomiting (times) | Abdominal pain | Diarrhea (times) | Skin rash | Hospitalization | Other |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Management: Seek medical attention**

No 🖵

Yes 🖵: Location: 🖵Health Centre/CHCSJ 🖵Kiang Wu Hospital 🖵Private clinic 🖵Other

 Doctor’s diagnosis and opinion : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Response measures adopted in the institution:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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When there is a sudden increase in the number of staff and/or service users (or other related persons) having fever (body temperature higher than 37.5 oC) or symptoms mentioned above, the institutions shall complete this form and notify the CDC (Contact number during office hours: 2853 3525; contact number during non-office hours: 2831 3731; fax: 28533524; e-mail: cds\_cdc@ssm.gov.mo) / Social Welfare Bureau (Contact number during office hours: 8399 7802/8399 7728; contact number during non-office hours: 66861588; fax: 28355161)