

Disease of Public Health Significance Reporting Form

Caller Name:	Date Reported:
School Name:	
Address of School:	Contact Information:

Case Information	
Disease Reported:	
Name of Case:	DOB:
	Sex:
Parent/Legal Guardian:	Home Telephone Number:
	Cellphone Number:

Additional Information:

All personal information reported to Brant County Health Unit is handled in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA).

If you have any questions, please email infection.control@bchu.org or call 519-753-4937, ext. 454.