

Notifiable Medical Conditions (NMC) Case Notification Form

{Section 90 (1) (j), (k) and (w) of National Health Act, 2003 (Act no. 61 of 2003)}

This form must be **completed immediately** by the health care provider who diagnosed the condition *Please mark applicable areas with an X*

Health facility name (with provincial prefix)				Health facility contact number				Health sub-district																	
Patient file/folder number			Patient HPRS-PRN			Date of notification			y	y	y	y	-	m	m	-	d	d							
Patient demographics								Patient residential address																	
First name								Street/dwelling unit/building/ERF number																	
Surname								Street name, building, location description																	
S.A ID number								Sub-place, suburb, village, postal area																	
Passport/other ID number								Town/city						Post code:											
Citizenship								Employer/educational institution address																	
Date of birth		y	y	y	y	-	m	m	-	d	d	Institution name													
Age		Years			Months (if less than 1yr)			Days (if less than 1 month)			Street name, building, location description														
Gender		Male			Female			Sub-place, suburb, village, postal area																	
Is patient pregnant?		Yes			No			Unknown			Town/city						Post code:								
Contact number								Contact number																	
Medical conditions details																									
NMC diagnosed						History of possible exposure to NMC in the last 60dys						No		Yes		Unknown									
Method of diagnosis		Clinical signs and symptoms ONLY				Rapid test		X-ray		Laboratory confirmed		Other:													
Clinical symptoms relating to the NMC																									
Treatment given for the NMC																									
Date of diagnosis		y	y	y	y	-	m	m	-	d	d	Date of symptom onset				y	y	y	y	-	m	m	-	d	d
Patient admission status		Outpatient				Discharged				Inpatient				Ward name											
Patient vital status		Alive				Deceased				Date of death				y	y	y	y	-	m	m	-	d	d		
Travel history in the last 60 days																									
Did patient travel outside of usual place of residence?						Yes		No		If yes, complete the travel details below															
Place travelled to						Departure date						Return date													
Province or Country			Locality/city/town			y	y	y	y	-	m	m	-	d	d	y	y	y	y	-	m	m	-	d	d
Province or Country			Locality/city/town			y	y	y	y	-	m	m	-	d	d	y	y	y	y	-	m	m	-	d	d
Vaccination history for the NMC diagnosed above (complete only for vaccine preventable NMC)																									
Vaccination status		Not vaccinated			Up-to-date			Unknown			Date of last vaccination				y	y	y	y	-	m	m	-	d	d	
Specimen details								Notifying health care provider's details																	
Was a specimen collected?		Yes			No			First name																	
Date of specimen		y	y	y	y	-	m	m	-	d	d	Surname													
Specimen barcode								Mobile number																	
								SANC/HPCSA number						Notifier's signature											

The top copy (white) must be sent to the sub-district/district office. The middle copy (blue) must be attached to referral letter or patient file. The bottom copy (pink) must remain in the booklet

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For each of the data elements below, capture/document the information as explained	
Age	Enter the age of the patient in the Years box for patients aged 1yr and above, in the Months box for patients aged less than 1yr and in the Days box for patients aged less than 1 month.
Clinical symptoms	Document two or more classical presenting symptoms for the NMC being notified.
Citizenship	Document the patient's nationality or country of origin.
Date of birth	Complete the date of birth in full if known. <ul style="list-style-type: none"> - If only year of birth is known, complete as YYYY/06/15. - If only year and month of birth are known, complete as YYYY/MM/15.
Date of diagnosis	Enter the date when the NMC was clinically diagnosed by health care provider.
Date of notification	Enter the date when the NMC case was reported/notified.
Date of symptom onset	Enter the date when the patient first noticed clinical signs and symptoms for the NMC.
Date specimen taken	Enter the date when the specimen(s) were drawn from the patient.
Employer/educational institution address And Residential address	If patient is employed, enter the physical address of employment. If patient is a scholar, enter school address as follows: 1st line – only enter name of the institution 2nd line - only enter street/dwelling number and name 3rd line - only enter location/village/suburb 4th line - only enter town/city and postal code Enter the patient's physical address as above. If the street address is not known, use the postal address.
First name and surname	Enter the first name and surname of the patient in full as it appears on their Identity Document. No nicknames or initials should be put in this field.
Gender	Mark with X either male or female. If the patient is a female also indicate whether she is pregnant or not.
Health facility name	Enter the name of the health facility as it is reflected on the DHIS org unit hierarchy. Put Provincial prefix in lower cases i.e. kzn HEALTH_FACILITY_NAME.
Method of diagnosis	Indicate how the NMC was diagnosed by marking with an X in the appropriate box.
NMC diagnosed	Enter the name of the NMC being reported/notified (suspected or confirmed). Only one NMC per form.
Notifier's mobile number	Enter the mobile phone number of the health care provider who notified the case for acknowledgement and feedback purposes.
Patient File/folder number	Enter the patient file/folder number.
Patient HPRS-PRN	Enter the Department of Health's Health Patient Registration System – Patient Registration Number. If the facility is not yet on the HPRS, leave this field blank.
Patient admission status	Mark with an X the patient admission status. If patient is admitted then complete the name of the ward.
SA ID number	Enter the patient's 13-digit South African identity number.
SANC/HPCSA number	Enter the notifier's South African Nursing Council or Health Professions Council of South Africa number.
Specimen barcode	Stick the laboratory barcode sticker or write the barcode number on the space provided.
Travel history	Indicate whether the case travelled outside of their usual place of residence by marking the relevant box. If the yes box is marked, then complete all travel related information. Departure date is date when patient left usual place of residence and return date is date when patient left the place of visitation.
Treatment given for the NMC	List the medication given to treat the NMC.
Vaccination status	For vaccine preventable NMC ONLY. Mark the appropriate box with an X.