

**SYNDROMIC NOTIFICATION FORM
DISEASE CONTROL DIVISION
MINISTRY OF HEALTH MALAYSIA
TEL: 03-8881 0200 FAX: 03-8881 0400**

Reporting A & E / Hospital:

Tel. No: Fax No: E-mail:

Patient's Name:

Patient's Address:

I/C No: R/N No: (if applicable)

Age: Sex: Male / Female Ethnicity: M / C / I / Other
Please state:

Admission: ICU / Ward / Mortuary Date of adm: / /

Please tick the relevant box for the syndrome reported:

CLINICAL SYNDROMES

**DATE OF ONSET
(dd/mm/yy)**

	Acute dermatological syndrome
	Acute neurological syndrome
	Acute respiratory syndrome
	Acute haemorrhagic syndrome
	Acute jaundice syndrome
	Acute diarrhoeal syndrome

Working diagnosis:

Has the patient been in a foreign country in the last 3 weeks?

Yes; if yes please state the country:

No

Name of Reporting Officer: Signature:

Designation: Date:

NOTE: Please send (via fax or e-mail) this form within 24 hours to:

- Nearest District Health Office
- Crisis Preparedness and Response Centre (CPRC), Disease Control Division, Ministry of Health Malaysia
(fax no.: 03-8881 0400 /0500 and e-mail: cprc@moh.gov.my)