

Ross River virus infection notification may be made to the Department of Health & Human Services at:

Department of Health & Human Services, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651170.

Please ensure the case (1) has been informed of their diagnosis, (2) has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*), and (3) has been informed that the department may contact them for further information about their illness. Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions nor to provide the information requested on this form.

Case details—please answer all questions

Last name

First name(s)

Date of birth Sex Male Female Other, specify

Residential address

City Postcode

Tel home Tel mobile

Parent/guardian/next of kin name and contact number

Is the case of Aboriginal or Torres Strait Islander origin
 No Aboriginal
 Unknown Torres Strait Islander
 Both Aboriginal and Torres Strait Islander

Country of birth ...country Australia Overseas > ...year arrived in Australia

Interpreter required ...language No Yes, language >

Occupation and/or school and/or child care attended

Alive/deceased Alive Died due to Ross River virus >
 Died due to other causes >

Clinical details

Date of onset of illness

Symptoms (tick all that apply)
 Chills Fever Headache Lethargy Rash Sore joints Sore muscles Other, specify below

Case required hospitalisation for this illness No Yes, specify hospital

Admitted date Discharged date

Has the case had a positive test for any other mosquito borne disease before No Yes, specify disease(s) and year of positive test(s)

History of illness/clinical comments include any relevant comments, such as possible source of infection, others with similar illness, etc.

Form continues over page

Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name		Medicare provider no.	Department use only
Address			
City		Postcode	
Telephone	Fax	Date <input type="text"/> <input type="text"/> <input type="text"/>	

Please identify the case on every page

Last name

First name

Date of birth

Risk summary

Did the case travel outside the Melbourne metropolitan area in the 3–21 days before becoming unwell with this illness (include travel within regional Victoria)

- No
- Unknown
- Yes, specify travel history below

Where (country and city or state and city)

from date

to date

_____ | _____ | _____

_____ | _____ | _____

_____ | _____ | _____

Did the case spend time in parklands (e.g. State or National parks) within Melbourne in the 3–21 days before becoming unwell

- No
- Unknown
- Yes, specify travel history below

Where (name of parkland or location)

from date

to date

_____ | _____ | _____

_____ | _____ | _____

_____ | _____ | _____