Infectious Diseases (Notification of Infectious Diseases) (Amendment) Regulations 2005

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No. S 795

INFECTIOUS DISEASES ACT
(CHAPTER 137)

INFECTIOUS DISEASES (NOTIFICATION OF INFECTIOUS DISEASES) (AMENDMENT) REGULATIONS 2005

In exercise of the powers conferred by section 73(1) of the Infectious Diseases Act, the Minister for Health hereby makes the following Regulations:

Citation and commencement

1. These Regulations may be cited as the Infectious Diseases (Notification of Infectious Diseases) (Amendment) Regulations 2005 and shall come into operation on 12th December 2005.

Deletion and substitution of First Schedule

2. The First Schedule to the Infectious Diseases (Notification of Infectious Diseases) Regulations 2004 (G.N. No. S 177/2004) is deleted and the following Schedule substituted therefor:

FIRST SCHEDULE

INFECTIOUS DISEASES ACT
(CHAPTER 137)

MD 131

Regulation 2

INFECTIOUS DISEASES (NOTIFICATION OF INFECTIOUS DISEASES) REGULATIONS

NOTIFICATION OF INFECTIOUS DISEASES UNDER SECTION 6

PARTICULARS OF PATIENT (Please ✓ appropriate box where applicable)

Name of Patient (BLOCK LETTERS)			NRIC No./Passport No./Foreign Identification Number (FIN)	
Gender ☐ Male ☐ Female	Date of Birth (dd/mm/yyyy)	Ethnic Group ☐ Chinese ☐ Indian ☐ Malay ☐ Others	Residential Status ☐ Resident ☐ Non-Resident	Occupation
Residential Address Postal Code			Telephone No. Home	
Place of Work/School/Child Care Centre/Kindergarten			Office/HP/PG	

DISEASE DIAGNOSED (CLINICAL OR LABORATORY DIAGNOSIS)

TO CD[@] NOT LATER THAN 24 HOURS FROM TIME OF DIAGNOSIS. FAX NO. 62215528 OR 62215538

☐ 1. Avian influenza	☐ 5. Encephalitis	☐ 9. Nipah virus infection	☐ 13. Typhoid
☐ 2. Cholera	☐ 6. Hand, foot and mouth disease	☐ 10. Paratyphoid	☐ 14. Yellow fever
☐ 3. Dengue	☐ 7. Legionellosis	☐ 11. Plague	☐ ✧ 15. Others (Specify)
☐ 4. Dengue haemorrhagic fever	☐ 8. Malaria	☐ 12. SARS	_____

✧ *For any disease not appearing in this form which may be of an infectious nature and result in an epidemic. If name of disease is not known, please specify symptoms.*

TO CD[@] NOT LATER THAN 72 HOURS FROM TIME OF DIAGNOSIS. FAX NO. 62215528 OR 62215538

☐ #16. Chickenpox	☐ 18. Hepatitis, viral		☐ #21. Poliomyelitis
☐ #17. Diphtheria	☐ #19. Measles	☐ #20. Mumps	☐ #22. Rubella

*# For notifiable diseases marked #, please provide **vaccination history** :*

☐ Yes - If yes, Date of vaccination (dd/mm/yyyy)

☐ No

TO DCE[¶] NOT LATER THAN 72 HOURS FROM TIME OF DIAGNOSIS. FAX NO. 62541616

☐ 23. AIDS	☐ 24. HIV infection (non-AIDS)	☐ **25. Tuberculosis

*** For tuberculosis, the Tuberculosis Notification Form MD 532-92 should also be completed.*

TO DSC[※] NOT LATER THAN 72 HOURS FROM TIME OF DIAGNOSIS. FAX NO. 62994335

☐ *26. Chancroid	☐ *29. Non-infectious syphilis (latent/tertiary)✧	☐ *32. Genital herpes (first episode)
☐ *27. Gonorrhoea	☐ *30. Infectious syphilis (primary/secondary)✧	☐ *33. Genital herpes (recurrent)
☐ *28. Non-gonococcal urethritis	☐ *31. Congenital syphilis	☐ 34. Leprosy

* *For sexually transmitted infections marked *, full name, NRIC/Passport No./FIN, address and telephone number need not be completed. Initials of the patient should be given.*

✧ *Circle as appropriate*