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|---------------------|---|---|
| <b>Form</b><br>NF02 | <b>Notification</b><br>Outbreak of any infectious disease |  <b>Health Information and Quality Authority</b><br><small>An tÚdarás Um Fhaisnéis agus Cálíocht Sláinte</small> |
|---------------------|---|---|

|  |  |
|--|--|
| <b>Name of centre:</b>                                       |  |
| <b>Centre ID as provided by the Inspectorate (if known):</b> |  |
| <b>Name of registered provider:</b>                          |  |
| <b>Name of person in charge:</b>                             |  |
| <b>Centre address:</b>                                       |  |
|  |  |
|  |  |
|  |  |
|  |  |

|                             |                                |
|-----------------------------|--------------------------------|
| <b>Date form completed:</b> | __ / __ / __<br>DAY/MONTH/YEAR |
|-----------------------------|--------------------------------|

|                          |  |
|--------------------------|--|
| <b>Name of resident:</b> |  |
|--------------------------|--|

| <b>Date of diagnosis by doctor:</b> | <b>Name of disease:</b> | <b>Number of residents affected:</b> | <b>Measures undertaken:</b> |
|-------------------------------------|-------------------------|--------------------------------------|-----------------------------|
| __ / __ / __<br>DAY/MONTH/YEAR      |                         |                                      |                             |

**Declaration**

**The information I have provided in this notification form is true to the best of my knowledge and belief.**  
 Notifications made on behalf of companies or other corporate bodies should be signed by a duly authorised person.

|                |  |
|----------------|--|
| <b>Signed:</b> |  |
|----------------|--|

|                             |  |
|-----------------------------|--|
| <b>Name (please print):</b> |  |
|-----------------------------|--|

|                  |  |
|------------------|--|
| <b>Position:</b> |  |
|------------------|--|

|              |                                |
|--------------|--------------------------------|
| <b>Date:</b> | __ / __ / __<br>DAY/MONTH/YEAR |
|--------------|--------------------------------|

## On completion of this form

Please return the completed signed form by email to [notify@higa.ie](mailto:notify@higa.ie)

Alternatively you may post or fax it to your regional Health Information and Quality Authority office. You can find out the address and fax number of your regional office by checking the table below. Please mark faxes for the attention of 'Notifications section'.

Northern Regional Office  
Health Information and Quality Authority  
Social Services Inspectorate  
Georges Court  
Georges Lane  
Smithfield  
Dublin 7  
Fax: 01 814 7499

Central Regional Office  
Health Information and Quality Authority  
Social Services Inspectorate  
Georges Court  
Georges Lane  
Smithfield  
Dublin 7  
Fax: 01 814 7499

Southern Regional Office  
Health Information and Quality Authority  
Social Services Inspectorate  
Unit 1301  
City Gate  
Mahon  
Cork  
Fax: 021 240 9600

| <b>Northern Regional Office</b><br>covers the following HSE local health office areas:   | <b>Central Regional Office</b> covers<br>the following HSE local health office areas:  | <b>Southern Regional Office</b><br>covers the following HSE local health office areas:  |
|--|--|---|
| <ul style="list-style-type: none"><li>○ Cavan/Monaghan</li><li>○ Donegal</li><li>○ Dublin North</li><li>○ Dublin North Central</li><li>○ Dublin North West</li><li>○ Longford/Westmeath</li><li>○ Louth</li><li>○ Mayo</li><li>○ Meath</li><li>○ Roscommon</li><li>○ Sligo/Leitrim</li></ul> | <ul style="list-style-type: none"><li>○ Clare</li><li>○ Dublin South City</li><li>○ Dublin South East</li><li>○ Dublin South West</li><li>○ Dublin West</li><li>○ Dun Laoghaire</li><li>○ Galway</li><li>○ Kildare/West Wicklow</li><li>○ Laois/Offaly</li><li>○ Tipperary North/East Limerick</li><li>○ Wicklow</li></ul> | <ul style="list-style-type: none"><li>○ Carlow/Kilkenny</li><li>○ Cork North</li><li>○ Cork North Lee</li><li>○ Cork South Lee</li><li>○ Cork West</li><li>○ Kerry</li><li>○ Limerick</li><li>○ Tipperary South</li><li>○ Waterford</li><li>○ Wexford</li></ul> |