


NF02A* Form	Health Information and Quality Authority Suspected or confirmed incidence of Covid-19 in the designated centre	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Centre details	
Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Resident's details	
How many residents are suspected as having Covid-19?	
How many residents are confirmed as having Covid-19?	

Section 3. Staff details	
How many staff members are suspected as having Covid-19?	
How many staff members are confirmed as having Covid-19?	

* Please complete this form with the Authority's statutory notification guidance. You can download the guidance at www.hiqa.ie

Section 4. Declaration

I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.

Name (print)	
Position	Person in charge <input type="checkbox"/> Other <input type="checkbox"/>
If you ticked other , please specify your role in the designated centre	
Date	
Contact number (during office hours)	

The most secure and convenient way to submit the notification form is through the [HIQA Portal](#).

Should you wish to continue in hardcopy, please return the completed, signed form by email to notify@hiqa.ie or by post to:

Notifications Team
Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7
Tel: 01 814 7400