Post Exposure Prophylaxis Report Form

Submit form only when Alberta Health funded treatment and/or post exposure prophylaxis is provided.

Fax completed form to Alberta Health, CD: 780-415-9609

Reporting Information

|  |  |
| --- | --- |
| Submitter Name Click to enter text. | Telephone Number Click to enter text. |
| AHS Zone/FNIHBChoose one  | Date Reported to Alberta HealthChoose a date |

Case Information

|  |  |
| --- | --- |
| Disease Name Choose an item. | NDR/DI #Click here to enter. |
| Name:*Last* Click or tap here to enter text. | *First* Click or tap here to enter text. |
| PHN Click or tap here to enter text. | Birth Date Click or tap here to enter text. | Antibiotic Treatment Provided by Alberta Health: [ ]  No [ ] Yes |

Contact Information

|  |  |  |  |
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| Name*(Last, First)* | Birth Date*(YYYY-MM-DD)* | PHN | Reason for Alberta Health eligibility |
| Click to enter text. | Enter text. | Enter text. | Choose one |
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