Confidential
Notification of Mumps by Medical Practitioners

Department of Health

Mumps requires written notification to the Department of Health upon initial diagnosis within five days to:

Department of Health, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651 170.

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 Local Public Health Unit may contact them for further information about their illness. Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions or to provide the information requested on this form.

Case details—please answer all questions

Last name

First name(s)

Date of birth

Medicare or other healthcare identifier

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
- ☐ Unknown
- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Both Aboriginal and Torres Strait Islander

Country of birth ...country
- ☐ Australia
- ☐ Overseas >
- ☐ Unknown

...year arrived in Australia

Interpreter required
- ☐ No
- ☐ Yes, language >

Works in a high risk occupation or attends child care/primary school
- ☐ Child care worker
- ☐ Health care worker
- ☐ Attends child care or primary school
- ☐ Other, specify below

Occupation and/or school and/or child care attended

Alive/deceased
- ☐ Alive
- ☐ Died due to mumps >
- ☐ Died due to other causes >

...date of death

Clinical details and Risk factors

If female, is the case pregnant
- ☐ No
- ☐ Yes, specify /40 weeks on date

Salivary gland swelling onset

Swelling duration days

Presentation
- ☐ Unilateral
- ☐ Bilateral

Symptoms (tick all that apply)
- ☐ Fever
- ☐ Headache
- ☐ Myalgia
- ☐ Orchitis
- ☐ Other, specify >

Has laboratory testing been requested
- ☐ No
- ☐ Confirmed, specify lab >
- ☐ Pending, specify lab >

Has the case been vaccinated for mumps
- ☐ No
- ☐ Unknown
- ☐ Yes, specify below

Vaccine	Information source	Date of vaccination
☐ MMR II ☐ Priorix ☐ Priorix-tetra ☐ ProQuad ☐ Other (mumps containing vaccine)	☐ Written record ☐ Parent/self recall	
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Has the case had contact with a laboratory confirmed case, or a person with a similar illness in the 12–25 days before onset of illness
- ☐ No
- ☐ Unknown
- ☐ Yes

Has the case recently travelled interstate or overseas
- ☐ No
- ☐ Unknown
- ☐ Yes, specify when/where >

Has the case been informed that they must be excluded from childcare or primary school for five days OR until swelling subsides, whichever occurs sooner
- ☐ Yes
- ☐ No
- ☐ Not applicable

Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name

Medicare provider no.

Address

City

Postcode

Telephone

Fax

Date

Department use only