



BC Centre for Disease Control  
Provincial Health Services Authority

# Inter-Jurisdictional Notification Form

For use regarding enteric, zoonotic,  
and vector-borne diseases.

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Vancouver, BC, V5Z 4R4  
Tel 604.707.2400  
Fax 604.707.2516  
www.bccdc.ca

Submit this form to the BCCDC via email at [publichealthresponsenotifications@bccdc.ca](mailto:publichealthresponsenotifications@bccdc.ca) or fax to 604-707-2516. Inbox & fax are monitored Monday to Friday 0830-1630 excluding statutory holidays. If requiring confirmation of receipt, indicate this in the details section. If notification requires urgent follow up outside of regular business hours, contact 604-875-2161 and ask for the physician on call.

## SENDING JURISDICTION

Referring health jurisdiction:	Date sent:
Sender name:	YYYY-MM-DD
Sender phone number/email:	
Receiving health jurisdiction:	

## CLIENT INFORMATION

Last name:	First name:	
Preferred name:	Date of birth:	
	YYYY-MM-DD	
PHN:	Sex:	Gender:
Address:		
Phone number:	Email:	

## DISEASE INFORMATION

Disease:	<input type="checkbox"/> Case	<input type="checkbox"/> Contact
Date of exposure/diagnosis:	Type of contact:	
(indicate range, if applicable)	YYYY-MM-DD	(if applicable)

## DETAILS

Urgent       Requires public health follow up       For reporting/surveillance purposes