

## British Columbia Mpox Inter-jurisdictional Notification Form

This form does not supersede the [Public Health Agency of Canada Mpox Case Report Form](#). This form is utilized for communication of Inter-jurisdictional Notification of mpox cases and contacts to BCCDC only. A separate form must be completed for each individual case and/or contact. Please complete this form with as much information that is available. Once completed, submit this form to BCCDC via email at [publichealthresponsernotifications@bccdc.ca](mailto:publichealthresponsernotifications@bccdc.ca). If you are unable to submit via email, fax the completed form to BCCDC at 604-707-2516.

Referring Public Health Jurisdiction:	
Sender Email/Phone Number:	
Receiving Health Jurisdiction:	
Date Sent (DD-MONTH-YYYY):	

### Client Information:

Last Name:		First Name(s):	
Date of Birth: (DD-MONTH-YYYY)		Sex Assigned at Birth:	
Gender Identity:		Case Identifies Gender as (free text):	
Usual Residential Address:			
City:			
Phone Number:			
Email Address:			

### Disease Information:

Disease:		<input type="checkbox"/> Case	<input type="checkbox"/> Contact
Date of Exposure/Diagnosis: (DD-MONTH-YYYY)			
Type of Contact (If Applicable):			

### Comments:

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