

MINISTRY OF HEALTH AND QUALITY OF LIFE

CERTIFICATE OF NOTIFICATION
(to be forwarded to the nearest Health Office)

I hereby certify and declare that in my opinion

Mr/Mrs/Miss aged

residing at

is suffering from.....

Duly Qualified Medical Practitioner

Name:

Address:

Signature:

Date:

N.B. Blank copies of this form are obtainable free from Health Offices and from the Ministry of Health and Quality of Life, 5th Floor, E. Anquetil Building, Port Louis or downloadable from the Ministry's website

INFECTIOUS OR COMMUNICABLE DISEASES

By virtue of the Public Health (Infectious or Communicable Diseases) Regulations 1987, the following diseases are declared to be infectious or communicable:

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| 1. Acquired Immuno Deficiency (AIDS) related complex ARC with positive serology | 18. Malaria |
| 2. Acquired Immuno Deficiency Syndrome (AIDS) | 19. Measles |
| 3. Amoebiasis | 20. Meningitis (cerebrospinal) |
| 4. Anthrax (Human) | 21. Plague |
| 5. Brucellosis | 22. Poliomyelitis, acute |
| 6. Chikungunya | 23. Puerperal Pyrexia |
| 7. Cholera | 24. Rabies (Human) |
| 8. Dengue Fever | 25. Relapsing fever |
| 9. Diphtheria | 26. Schistosomiasis (Bilharziasis) |
| 10. Food Poisoning (bacterial, other) | 27. Soft Chancre |
| 11. Gonorrhoea | 28. Syphilis |
| 12. Haemorrhagic fever | 29. Tetanus (neonatorum & adult) |
| 13. Human Immuno Deficiency (HIV) Infection | 30. Tuberculosis (respiratory, skeletal, central nervous system) |
| 14. Infective Hepatitis | 31. Typhoid fever (with paratyphoid) |
| 15. Influenza like diseases | 32. Typhus |
| 16. Leprosy | 33. Whooping cough (Pertussis) |
| 17. Leptospirosis | |