

Disease Case Report Portal

REPORTING AUTHORITY

Name of Health Officer Responsible for case: Smith, John Doe

NOTIFIER IDENTIFICATION

Notifier Type: Hospital-based Practitioner

Reporting Source: Local Clinic

Organization: Health Department

Date Reported: 2024-08-06

Usual GP: Dr. Jane Doe

GP Practice: Health Clinic

GP PRACTICE ADDRESS

No.: 123

Street: Main St

LGA: LGA Area

Town/City: Townsville

Post Code: 12345

Geo Code: XYZ123

CASE IDENTIFICATION

Name: Johnson, Alice

Email: alice.johnson@example.com

CURRENT ADDRESS

No.: 456

Street: Second St

Suburb: Suburbia

Town/City: Cityville

Post Code: 67890

Geo Code: ABC456

Home Phone:	123-456-7890
Work Phone:	098-765-4321

CASE DEMOGRAPHY

Date of Birth:	1985-05-15
Sex:	Female
Occupation:	Teacher
Name of Workspace:	School

LOCATION

No.:	789
Street:	Third St
Suburb:	Metropolis
Town/City:	Big City
Post Code:	13579
Geo Code:	DEF789
Home Phone:	234-567-8901
Work Phone:	345-678-9012

ETHNIC GROUP CASE BELONGS TO

Ethnic Group:	Igbo
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