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# The Gazette of the Democratic Socialist Republic of Sri Lanka

## EXTRAORDINARY

අංක 1720/1 - 2011 අගෝස්තු 22 වැනි සඳුදා - 2011.08.22

No. 1720/1 - MONDAY, AUGUST 22, 2011

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## PART I : SECTION (I) — GENERAL

### Government Notifications

L.D.B 56/33II.

#### THE QUARANTINE AND PREVENTION OF DISEASES ORDINANCE

**REGULATIONS** made by the Minister of Health, by virtue of the powers vested in him by section 2 read with paragraph (P) of subsection (1) of section 3 of the Quarantine and Prevention of diseases Ordinance (Chapter 222)

Maithripala Sirisena  
Minister of Health.

Colombo,  
02nd July, 2011.

#### Regulations

The regulations published in the supplement to the *Gazette Extraordinary* No. 7481 of August 28, 1925 as amended from time to time, are hereby further amended by the repeal of "Form II" of the schedule thereof and the substitution thereof of the following :

form :-

"Form II

Health -816-A

#### TUBERCULOSIS – NOTIFICATION FORM

All Patients should be referred to the District Chest Clinic for registration

(To be filled at the office of National Programme for Tuberculosis Control & Chest Diseases (NPTCCD))

Central Tuberculosis Reg. No } .....

(To be filled in the District Chest Clinic)

District Tuberculosis Register Number } .....

Medical Officer of Health area } .....

Directly Observed Treatment Centre } .....

(To be filled by the Notifying Officer)

N.B.—Gazette Extraordinary Series No. 1719/1 ends with No. 1719/38.

A. Institution } ..... Bed Head Ticket/Clinic Number : .....

B. Patient information

1. National Identity Card Number } .....

2. Full name of the patient } .....

3. (a) complete address, where the patient will be staying during the course of treatment

.....  
.....  
.....

(i) District }..... (ii) Telephone Number if any } .....

(b) Permanent address (if it differs from above)

.....  
.....  
.....

(i) District } ..... (ii) Telephone Number if any } .....

4. (a) Age } ..... (b) Date of birth } .....

5. Sex } ..... 6. Occupation } .....

7. Ethnicity } .....

C. Diagnosis

Pulmonary Tuberculosis ☐

Sputum Smear Positive ☐

Extra Pulmonary ☐

Sputum Smear Negative ☐

Specify site .....

D. Patient Category

New ☐

Relapse ☐

Treatment after failure ☐

Treatment after default ☐

Other ☐

Chronic ☐

Multi Drug Resistant Tuberculosis ☐

Chest clinic – Patient referred to (If relevant)

.....

Date.

.....

Medical Officer.

**Note :**

It is a legal requirement for every Medical Officer to Notify Director, National Programme for Tuberculosis Control and Chest Diseases of every patient diagnosed and/or treated by him as suffering from Tuberculosis (of any form). Therefore this notification should be completed and forwarded, as indicated in the form to the Director, National Programme for Tuberculosis Control and Chest Diseases (Statistics branch), 555/5, Elvitigala Mw, Narahenpita, Colombo 05.

***If this form is filled by***

- |                                               |                                            |
|-----------------------------------------------|--------------------------------------------|
| a. District Tuberculosis Control Officer      | b. Chest ward                              |
| 1. Keep one copy at the District Chest Clinic | Send all 3 copies to District Chest Clinic |
| 2. send one copy to D/NPTCCD                  |                                            |
| 3. Send one copy to the relevant M.O.H.       |                                            |
| c. General Wards                              | d. Private hospital                        |
| 1. Keep one copy in the institute             | 1. Keep one copy in the institute          |
| 2. Send two copies to D/NPTCCD                | 2. Two copies to the D/NPTCCD              |

Director/NPTCCD National Public Health Complex, 555/5, Elvitigala Mawatha, Colombo 05".

09-172