

LYME DISEASE REPORTING FORM

All confirmed cases of Lyme disease are to be reported to the Medical Officer of Health as per Ontario Regulation 135/18: DESIGNATION OF DISEASES under the Health Protection and Promotion Act. See below for definitions of a confirmed case of Lyme disease.

IPHIS No. _____

Completed date _____

PHI _____

rev. April 2023

1. Please complete the following in full and **fax** to the Environmental Health Program at **(807) 625-4822**.
2. For any questions, please call to speak with a public health inspector at 625-5900 or toll-free at 1-888-294-6630.

REPORTED BY

Health Care Provider: _____ Clinic/Institution: _____ Phone #: _____

CASE DEFINITIONS

Please check the confirmed case definition that you are submitting under:

Clinician-confirmed erythema migraines (EM) **greater than five cm** in diameter with a history of residence in, or visit to, a Lyme disease endemic area or risk area.

OR

Clinical evidence of Lyme disease with laboratory confirmation by polymerase chain reaction (PCR) or culture.

OR

Clinical evidence of Lyme disease with laboratory support by serological methods, and a history of residence in, or visit to, an endemic area or risk area.

Onset Date of Symptoms (d/m/y): _____ Date of Diagnosis (d/m/y): _____

LABORATORY TESTING

Was serological testing for Lyme disease done: YES NO

Specimen collection date (d/m/y): _____

TREATMENT

Has the patient been treated for Lyme disease: YES NO

Date treatment initiated (d/m/y): _____

CLIENT INFORMATION

Name: _____ Guardian (if applicable) _____

Address: _____
(#, street, apartment/unit) (City) (Postal Code)

Phone Number: _____
(Home) (Work) (Cell)

Sex: Male Female Other Date of Birth: _____
(Day/Month/Year)

RISK FACTORS

Is there a clear history of tick bite: YES NO Unknown

Estimated bite date (d/m/y): _____

Probable geographic location where tick was acquired: _____

If **NO** or **Unknown** history of tick bite, has client had possible exposure to ticks in the last 30 days during outdoor activities, either during work or recreation: YES NO Unknown

Probable geographic location of exposure: _____