

FIRST SCHEDULE.

Form (1).

MEDICAL ATTENDANT'S NOTICE OF ACTUAL OR SUSPECTED NOTIFIABLE INFECTIOUS DISEASE.

Under Section 79 of the Health Act, 1920.

PURSUANT to section 79 of the above-mentioned Act, I herewith give you notice that [Name of disease] exists [or is suspected to exist] as follows:—

Locality of house: [Town, street, and number of house (if any)].

Name of occupier of house: . . . . .

Name of patient: . . . . .

Age of patient: . . . . . Sex of patient: . . . . .

Dated at this day of . . . . ., 19 . . . . .

Medical Attendant.

To the [Name of local authority—e.g., the Council of the City of Wellington]; and to the Medical Officer of Health at . . . . .

(This form is to be in duplicate, one for the local authority, and the other for the Medical Officer of Health.)

Form (2).

MEDICAL ATTENDANT'S NOTICE OF ACTUAL OR SUSPECTED NOTIFIABLE DISEASE OTHER THAN INFECTIOUS DISEASE.

Under Section 79 of the Health Act, 1920.

PURSUANT to section 79 of the above-mentioned Act, I herewith give you notice that [Name of disease] exists [or is suspected to exist] as follows:—

Locality of house: [Town, street, and number of house (if any)].

Name of occupier of house: . . . . .

Name of patient: . . . . .

Age of patient: . . . . . Sex of patient: . . . . .

Dated at this day of . . . . ., 19 . . . . .

Medical Attendant.

To the Medical Officer of Health at . . . . .

Form (3).

NOTICE TO BE GIVEN BY UNDERTAKER OF DEATH FROM INFECTIOUS DISEASE.

Under Section 92 of the Health Act, 1920.

PURSUANT to section 92 of the above-mentioned Act, I herewith give you notice that [Full name] has died from [Cause of death] on the [Date] at [Locality of house, street, and number].

Age of deceased: . . . . . Sex: . . . . .

Dated this day of . . . . ., 19 . . . . .

Undertaker [or other person in charge of burial].

Address: . . . . .

To the Medical Officer of Health at . . . . .

Form (4).

CERTIFICATE OF SUCCESSFUL VACCINATION.

Under the Health Act, 1920.

I, THE undersigned, hereby certify that . . . . ., aged . . . . . of . . . . ., was successfully vaccinated by me on the day of . . . . ., 19 . . . . .

Dated at this day of . . . . ., 19 . . . . .

Public Vaccinator or Medical Practitioner.

NOTICE.—(1.) This certificate is to be transmitted by the Public Vaccinator, within twenty-one days from the time when the operation was performed, to the Medical Officer of Health, and a duplicate given to the person vaccinated or, where such person is a child, to the parent or guardian.

(2.) The transmission may be by post or otherwise, and is exempt from postage if the envelope is marked "Notice under the Health Act."

(3.) The receipt of this certificate by the Medical Officer of Health will be regarded as a statement of claim by the Public Vaccinator for the fee of 3s. 6d.

Form (5).

CERTIFICATE OF INSUSCEPTIBILITY TO VACCINATION.

Under the Health Act, 1920.

I, THE undersigned, hereby certify that I have three times unsuccessfully vaccinated . . . . ., aged . . . . . of . . . . ., and I am of opinion that (s)he is not susceptible of successful vaccination [or that . . . . ., aged . . . . . of . . . . ., has already had smallpox, as the case may be].

Dated at this day of . . . . ., 19 . . . . .

Public Vaccinator or Medical Practitioner.

NOTICE.—(1.) This certificate is to be transmitted by the Public Vaccinator, within twenty-one days from the time

when the operation was performed, to the Medical Officer of Health, and a duplicate given to the person vaccinated or, where such person is a child, to the parent or guardian.

(2.) The transmission may be by post or otherwise, and is exempt from postage if the envelope is marked "Notice under the Health Act."

(3.) The receipt of this certificate by the Medical Officer of Health will be regarded as a statement of claim by the Public Vaccinator for the fee of 3s. 6d.

Form (6).

CERTIFICATE OF POSTPONEMENT OF VACCINATION.

Under the Health Act, 1920.

I, THE undersigned, hereby certify that I am of opinion that . . . . ., aged . . . . . of . . . . ., is not now in a fit state to be successfully vaccinated [or, as the case may be, cannot be safely vaccinated].

I do therefore postpone the vaccination until the day of . . . . ., 19 . . . . .

Public Vaccinator or Medical Practitioner.

SECOND SCHEDULE.

PRESCRIBED PERIODS OF ISOLATION.

*Cerebro-spinal Fever (Cerebro-spinal Meningitis).*—The period of isolation in a case of Cerebro-spinal Fever shall be at least four weeks from the date of onset of the disease, and until two successive bacteriological examinations of nasopharyngeal swabs made at intervals of not less than forty-eight hours have been attended with negative results. No examination shall be made within twelve hours of local antiseptic applications.

*Diphtheria.*—The period of isolation in a case of Diphtheria shall be at least three weeks from the date of onset of the disease, and until two successive bacteriological examinations of pharyngeal and nasal swabs for the Klebs-Loeffler bacillus made at intervals of not less than forty-eight hours have been attended with negative results. No examination shall be made within twelve hours of local antiseptic applications.

*Enteric Fever (Typhoid Fever, Paratyphoid Fever).*—The period of isolation in a case of Enteric Fever shall be at least six weeks from the date of onset of the disease, and until two successive bacteriological examinations of the urine and faeces made at intervals of seven days have been attended with negative results. If a positive result is obtained, an interval of seven days shall be allowed to elapse before sending in another specimen.

*Scarlet Fever (Scarlatina).*—The period of isolation in a case of Scarlet Fever shall be at least six weeks from the date of onset of the disease, and until peeling is complete and there is no symptom of disease evidenced by sore throat, suppurating, or recently enlarged glands, eczematous patches, or discharge from ears or nose.

*Smallpox (Variola, including Varioloid, Alastrim, Amaas, Cuban Itch, and Philippine Itch).*—The period of isolation in a case of Variola shall be until all scabs have fallen off and all skin lesions have healed.

*Chickenpox (Varicella).*—The period of isolation in a case of Varicella shall be until all primary scabs have fallen off (particularly from the scalp).

*Encephalitis Lethargica.*—The period of isolation in a case of Lethargic Encephalitis shall be at least six weeks from the date of onset of illness.

*Fulminant, Pneumonic, and Septicæmic Influenza.*—The period of isolation in a case of Influenza shall be until the temperature has been normal for four days and catarrhal symptoms have disappeared.

*Measles (Morbilli).*—The period of isolation in a case of Measles shall be at least two weeks from the date of the appearance of the rash and until convalescence is satisfactorily established.

*Acute Poliomyelitis (Infantile Paralysis).*—The period of isolation in a case of Poliomyelitis shall be at least six weeks from the date of onset of illness.

THIRD SCHEDULE.

Diseases.	Periods of Incubation.
Cerebro-spinal Fever .. .. .	10 days.
Diphtheria .. .. .	7 "
Enteric Fever .. .. .	21 "
Scarlet Fever .. .. .	7 "
Smallpox .. .. .	18 "
Chickenpox .. .. .	21 "
Encephalitis Lethargica .. .. .	14 "
Influenza .. .. .	4 "
Measles .. .. .	16 "
German Measles .. .. .	21 "
Mumps .. .. .	21 "
Acute Poliomyelitis .. .. .	14 "
Whooping-cough .. .. .	21 "