

# GIRL GUIDES SINGAPORE

## REPORT OF HFMD & OTHER DISEASES

Date/Time: \_\_\_\_\_ Venue: \_\_\_\_\_

Event: \_\_\_\_\_

Name of Commissioner i/c : \_\_\_\_\_

Name of Guider i/c : \_\_\_\_\_

(1.) Please complete the following for students who have contracted HFMD or other diseases:

S/N	Name	NRIC	Date/Time of onset of symptoms (state type)	Date/time of leaving venue of event	Diagnostics	Clinic	Doctor's Name	Clinic's Address	Clinic's Tel. No.	Time of visit
1.	(EXAMPLE) Adeline Tan	1234567E	4/6/11, 9pm. Ulcers in mouth	5/6/11, 1 am	Confirmed case of HFMD	ABC Clinic	Tan XYZ	Blk1, Bishan St. 21 #01-11 S(579001)	65800000	5/6/11, 10 am

(2.) Remarks: (Example) Before the camp, Adeline had been in contact with a school-mate who was later confirmed to have contracted HFMD.

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**(3.) Checklist of follow-up action:**

- (a.) Notify all the Guiders (present at the event venue) of the situation immediately and they, in turn, will notify the parents and school principals.
- (b.) Notify GGS Manager & Admin Staff (Tel: 62599391) immediately who will, in turn, inform Chief Commissioner, GA Commissioner, Camp Commissioner and officers of CCAB (MOE) (Ms Yasmin Seah at Tel: 64609890, [SEAH\\_Sher\\_Li@moe.edu.sg](mailto:SEAH_Sher_Li@moe.edu.sg) )
- (c.) Inform all Guides/Brownies to disinfect all their belongings, monitor their own conditions and report to their Guiders if they do not feel well. The Guiders will in turn notify Guide House.
- (d.) Ensure that all pre-cautionary measures are in place as in accordance to the Infection Control Guidelines
- (e.) Other action (if any) : \_\_\_\_\_

Submitted by:

Name of \*Commissioner/Guider/GGS Staff: \_\_\_\_\_

Signature : \_\_\_\_\_

Date & Time : \_\_\_\_\_

**PLEASE SUBMIT THE COMPLETED FORM TO GGS ADMIN OFFICE (Attn: NOORUL, Email: [Noorul@girlguides.org.sg](mailto:Noorul@girlguides.org.sg) or Fax : 62595452)**

*\* Delete where inappropriate*