



NPC no. 2015/259621/08

## LISTERIOSIS EPIDEMIC CONTACT / INFORMATION FORM

Name of victim: \_\_\_\_\_ ID No. \_\_\_\_\_

Date of illness: \_\_\_\_\_

Date of death: \_\_\_\_\_

Incident location: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Victim Address: \_\_\_\_\_

Email: \_\_\_\_\_

Name of person making contact on behalf

of the victim: \_\_\_\_\_ ID No. \_\_\_\_\_

Relation to victim: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

e-mail address: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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FAX COMPLETED FORM TO **+27 86 689 2315**