

Loyalist College Student Communicable Disease Report

Student Name: _____

Date of Birth (YYYY/MM/DD): _____

Communicable Disease Table

TABLE 1 - PART B

Acquired Immunodeficiency Syndrome (AIDS)
Amebiasis
Anthrax
Botulism
Campylobacter enteritis
Chicken Pox (Varicella)
Cholera
Cytomegalovirus Infection (Congenital)
Diphtheria
Encephalitis (Primary Viral)
Gastroenteritis
Giardiasis
Group A Streptococcal Disease (Invasive)
Haemophilus Influenza B Disease (Invasive)
Hemorrhagic Fevers (including Ebola Virus Disease, Marburg Virus Disease, and other Viral Causes)
Viral Hepatitis including Hepatitis A, B & C
Influenza
Lassa Fever
Legionellosis
Leprosy
Yellow Fever
Listeriosis
Malaria
Measles
Viral Meningitis
Meningococcal Meningitis
Mumps

Ophthalmia Neonatorum
Paratyphoid fever
Pertussis (Whooping Cough)
Plague
Poliomyelitis (Acute)
Psittacosis/Ornithosis
Q Fever
Rabies
Rubella
Rubella (Congenital Syndrome)
Salmonellosis
Shigellosis
Tularemia
Tuberculosis
Typhoid Fever
Verotoxin producing E. Coli
Yersiniosis

By signing this document, I certify that to the best of my knowledge, the student listed above is free from any of the communicable diseases listed in the table above.

Health Care Provider Name - Printed: _____

Health Care Provider - Signature: _____

Date (YYYY/MM/DD): _____

Office Stamp:

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