**COMMUNITY FLU CENTRE – .. put in address**

**MEDICAL CERTIFICATE**

**PATIENT NAME: ..........………………………………………….**

**ADDRESS: …………………………………………………**

**ADDRESS: …………………………………………………**

**ADDRESS: …………………………………………………**

The above patient was seen and examined by me at the above clinic and has been suffering from influenza symptoms since ..………….. (date)

This patient is suffering from an infectious disease (Non-seasonal Novel Influenza A (H1N1) –“swine flu”) and is required under section 8 of the Health (Infectious disease and notifiable disease) Regulations (1966)[[1]](#footnote-1) to remain isolated at the above address for **seven (7) days** from the commencement of symptoms **unless** the patient is:

Sixteen years of age or older and

* 1. On a full treatment dose of Oseltamivir (“Tamiflu”) and
	2. Fully recovered (“Asymptomatic”) in which case they can come out of isolation **three (3) days** after the commencement of treatment.

**Please note: All patients under 16 years of age should be isolated for seven (7) days from commencement of symptoms.**

This patient can come out of isolation on …………… (date)

**Contacts (including other household members):**

Contacts who are **well** can continue to go to work or school, BUT if they become unwell they should stay away from work, school or any other groups of people and telephone their doctor immediately.

**Signed:…………………………………………………………………………..**

**Name:……………………………………………………………………………**

**Date:…………………………………………………………………………….**

This Medical Certificate has been endorsed by the Medical Officers of Health for Canterbury:

Dr. Ramon Pink MPH FNZCPHM and Dr Alistair Humphrey MPH FAFPHM FRACGP

1. Failure to comply with this regulation is an offence under the Health Act (1956) [↑](#footnote-ref-1)