



COVID-19 REPORTING FORM: LONG-TERM CARE and RETIREMENT HOMES

Immediately report a confirmed or probable case of COVID-19.

Please complete all applicable areas and FAX to RCDHU – FAX: (613) 735-3067

For questions, call RCDHU Long-Term Care/Retirement Home Line at: (613) 602-6055.

Facility Name:		
Facility Contact Name:	Facility Phone Number:	
Date:	Time:	
CLIENT INFORMATION	<input type="checkbox"/> Resident <input type="checkbox"/> Staff	<input type="checkbox"/> Symptomatic – Onset date: _____ Symptoms: _____ <input type="checkbox"/> Asymptomatic
	Last Name:	First Name:
	Date of Birth (yyyy/mm/dd):	Health Card #:
Phone:	Address:	
Reason for reporting: <input type="checkbox"/> Lab-confirmed case of COVID-19 <input type="checkbox"/> Probable case of COVID-19 <input type="checkbox"/> Close contact of a confirmed case of COVID-19 – Exposure Date (if known): _____		
Actions taken: Testing: <input type="checkbox"/> Lab-based PCR testing – date of swab collection by facility: _____ <input type="checkbox"/> Has been referred to RC VTAC to register for PCR testing Isolation and Contact Tracing: <input type="checkbox"/> Resident isolated using droplet contact precautions <input type="checkbox"/> Staff instructed to self-isolate <input type="checkbox"/> Individuals (residents or staff) within facility deemed as high-risk contacts isolated, including resident's roommate.		