



COVID-19 (2019-nCoV) SCREENING TOOL/REPORTING FORM

PLEASE FAX TO: 613-735-3067

IPHS CASE ID:

IPHS CLIENT ID:

REPORTING SOURCE

Name:	Report Date (y/m/d):	Time:
Agency:	Phone #:	
Fax #:	Cell #:	

CLIENT INFORMATION

Last Name:	First Name:	Gender:
DOB (y/m/d):	Phone #:	Cell #:
Address:	City:	Postal Code:
Name of Parent/Guardian (if applicable):		
Occupation:	Health Card Number:	
Family Physician:		
Phone #:	Fax #:	
COVID-19 Testing Complete YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: _____	
Referred to Community Paramedic Program YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: _____	
Admitted to Hospital YES <input type="checkbox"/> NO <input type="checkbox"/>	Self-Isolation Teaching YES <input type="checkbox"/> NO <input type="checkbox"/>	

COMPLETE THE FOLLOWING SCREENING QUESTIONS

CLIENT PRESENTS WITH COVID-19 DEFINING FEATURES

YES NO Fever (over 38 degrees Celsius) *and/or*

YES NO Cough (*onset of or exacerbation of chronic cough AND any of the following within 14 days*)

TRAVEL HISTORY

YES NO Travel to an impacted area * *or*

YES NO Close contact* with a confirmed or probable case of COVID-19 *or*

YES NO Close contact* with a person with acute respiratory illness who has been to an impacted area*

AND

In whom laboratory diagnosis of COVID-19 is not available, recommended, inconclusive, or negative (if specimen quality or timing is suspect)

SYMPTOM ONSET DATE: _____

* A close contact is defined as a person who provided care for the patient, including Health Care Workers, family members or other caregivers, or who had other similar close physical contact **OR** who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

***Impacted Area is based on current epidemiology and WHO Situation Report**

For clinical testing purposes, the following groups should be tested:

- Individuals admitted to hospital with acute respiratory illness
- Health care workers with acute respiratory illness
- Individuals with acute respiratory illness who reside in long term care homes and retirement homes
- Individuals with acute respiratory illness who reside in other institutions and as directed by local public health officials
- Health care workers as part of a health care institutional outbreaks and as directed by local public health officials
- First Nation Community members living on-reserve with acute respiratory illness