Renfrew County and District Health Unit
"Optimal Health for All in Renfrew County and District"

# COVID-19 (2019-nCoV) External Reporting

| REPORTING SOURCE | | | |
|---|---|---|---|
| ○ Acute Care | ○ Primary Care | ○ VTAC | ○ Long-Term/RH Care |
| Name: | | Agency: | |
| Report Date (YYYY/MM/DD): | | Time: | |
| Fax #: ( ) | Phone #: ( ) | Cell #: ( ) | |

| CLIENT INFORMATION | | |
|---|---|---|
| Last Name: | First Name: | |
| DOB (YYYY/MM/DD): | Health Card Number: | Gender: |
| Phone #: ( ) | Cell #: ( ) | |
| Address: | City: | |
| Postal Code: | Name of Parent/Guardian (*if applicable*): | |
| Occupation: | Place of Employment: | |

| PRIORITY POPULATIONS (Ministry of Health COVID-19 Provincial Testing Guidance) | |
|---|---|
| ○ **Healthcare Worker/Caregiver/Care Provider/First Responder** | Place of Employment: |
| ○ **Person Living in the Same Household of Healthcare Worker/Caregiver/Care Provider/First Responder** | |
| ○ **Hospital Inpatient** Hospital: _____ Date Admitted: _____ Discharge Date: _____ | Swab Results:_____ Client Aware: ○ YES ○ NO |
| ○ **Long Term Care or Retirement Home (Resident)** | Name of Facility: |
| ○ **Congregate Living Setting/Institution (Resident/Worker)** | Name of Facility: |
| ○ **Childcare (Child/Worker)** | Name of Facility: |
| ○ **Schools – K-12, post-secondary (Student/Worker)** | Name of School: |
| ○ **Person Living in a Remote/Isolated/Rural/Indigenous Community** | |
| ○ **Other Priority Population** (e.g.: cross border worker, military, newborn testing, patients entering a residential mental health or addiction program, cancer patients, hemodialysis patients) | Specify: |

| ADDITIONAL SCREENING QUESTIONS | |
|---|---|
| YES ○ NO ○ | Over 70 |
| YES ○ NO ○ | Travelled Outside of Canada in last 14 days? **Date of Return:** |
| YES ○ NO ○ | Close contact* with positive COVID-19 case? **Date of Last Exposure:** |
| YES ○ NO ○ | Close contact* with someone sick with new respiratory symptoms or who travelled outside of Canada in the last 14 days? |
| *Refer to Ontario Ministry of Health for close contact definition. | |

| TESTING/SELF-ISOLATION SECTION | |
|---|---|
| YES ○ NO ○ | Self-isolation teaching completed |
| YES ○ NO ○ | Patient tested for COVID-19 at your facility/office. **Date testing completed**:_____ |
| YES ○ NO ○ | COVID-19 testing booked for patient |
| YES ○ NO ○ | Renfrew County and District Health Unit to arrange COVID-19 testing |

| SYMPTOMS OF COVID-19 | | |
|---|---|---|
| ○ Asymptomatic | | |
| ○ **Symptomatic** | Specify: | **SYMPTOM ONSET DATE:** |

**PLEASE FAX COMPLETED REPORTING FORM 613-735-3067**



Updated 2020 August 20