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

Outbreak #:
2257-2020-_____

COVID-19 Symptomatic and Suspect Health Care Provider Reporting Form

Facility Name:	
Date:	Time:
HCW Last Name:	First Name:
D.O.B.:	Phone:

Symptoms

Onset Date:

New / Worsening:

- ❑ Fever
- ❑ Cough
- ❑ Shortness of breath (dyspnea)
- ❑ Sore throat
- ❑ Runny nose
- ❑ Sneezing
- ❑ Nasal congestion
- ❑ Hoarse voice
- ❑ Difficulty swallowing
- ❑ New olfactory or taste disorder
- ❑ Nausea / vomiting
- ❑ Diarrhea
- ❑ Abdominal pain
- ❑ Unexplained fatigue/malaise
- ❑ Chills
- ❑ Headache
- ❑ Other symptoms consistent with the most recent COVID-19 Reference Document for Symptoms:

_____

Date last worked:

- ❑ Health care worker advised to self-isolate
- ❑ Health care worker added to facility line list

Please indicate if the staff member:

- ❑ Had testing completed at the facility, if so, please indicate the date the swab was collected:

_____

- ❑ Has been referred to RCVTAC to register for testing and has been given Outbreak # **(staff need to be aware that Outbreak # MUST be added to their lab requisition when they are tested).**

Fax to Renfrew County and District Health Unit (RCDHU) at (613) 735 – 3067

For questions call RCDHU *Long-term Care Retirement Home* line at **(613) 602-6055**, between 8:00 am and 4:00 pm, daily.