



POSITIVE ANTIGEN SCREEN TEST REPORTING FORM

Immediately report a positive antigen screen test.

Please complete all applicable areas and FAX to the Infectious Disease Program: **FAX: 613-735-3067**
PHONE: 613-732-3629 or 1-800-267-1097 (Office Hours) | **613-735-9926 (After Hours)**

Please note regular office hours are Monday to Friday, 8:00 a.m. – 4 p.m.

Facility Name:			
Facility Contact Name/Phone Number:			
CLIENT INFORMATION			
Date:		Time:	
Last Name:		First Name:	
Date of Birth (y/m/d):		Health Card #:	
Address:			
Phone:		Cell:	
<input type="checkbox"/> Staff	<input type="checkbox"/> Student	<input type="checkbox"/> General Visitor	<input type="checkbox"/> Support Worker
<input type="checkbox"/> Resident	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Caregiver	
Actions to take:			
<input type="checkbox"/> Counsel individual that result is preliminary positive and PCR confirmation is required			
<input type="checkbox"/> Instruct individual to return home and self-isolate until receipt of confirmatory laboratory PCR test result			
<input type="checkbox"/> Ensure confirmed lab-based PCR testing is performed within 24 hours by either of the following:			
<ul style="list-style-type: none"> ○ Swab for PCR test completed at the facility, if so, please indicate the date the swab was collected: _____ ○ Has been referred to RC VTAC to register for PCR testing which must be completed within 24 hours of positive antigen screen 			