



## Suspect COVID19 Resident Reporting Form

|                     |                    |
|---------------------|--------------------|
| Facility Name:      | Date (yyyy/mm/dd): |
| Last Name:          | First Name:        |
| D.O.B (yyyy/mm/dd): | Health Card #:     |

**Resident has new or worsening COVID-19 symptoms not related to other known causes or conditions.**

Symptom Onset Date (yyyy/mm/dd):

**New / Worsening COVID-19 Symptoms:**

|  |  |
|--|--|
| <input type="checkbox"/> Fever (37.8°C/100.0°F or greater) | <input type="checkbox"/> Diarrhea  |
| <input type="checkbox"/> Cough                             | <input type="checkbox"/> Abdominal pain  |
| <input type="checkbox"/> Shortness of breath               | <input type="checkbox"/> Unexplained fatigue / malaise   |
| <input type="checkbox"/> Sore throat                       | <input type="checkbox"/> Unexplained chills  |
| <input type="checkbox"/> Runny nose                        | <input type="checkbox"/> Unexplained muscle aches and pain   |
| <input type="checkbox"/> Nasal congestion                  | <input type="checkbox"/> Other symptoms consistent with the most recent <a href="#">COVID-19 Reference Document for Symptoms</a> : |
| <input type="checkbox"/> Pink eye                          |  |
| <input type="checkbox"/> Difficulty swallowing             |  |
| <input type="checkbox"/> New olfactory or taste disorder   |  |
| <input type="checkbox"/> Headache                          |  |
| <input type="checkbox"/> Nausea / vomiting                 |  |

☐ Resident identified as a close contact of a COVID-19 case (exposure in last 14 days)

☐ Exposure date if known (yyyy/mm/dd) \_\_\_\_\_

☐ Resident isolated using contact/droplet precautions.

☐ Individuals (staff or residents) within facility deemed high-risk contacts isolated, including resident's roommate.

☐ Date testing completed (yyyy/mm/dd):  
\_\_\_\_\_

**Fax completed form 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.