



COVID-19 REPORTING FORM

Immediately report a confirmed or probable case of COVID-19.

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. – 4:00 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 #:
Phone:	Cell:
Name of Parent/Guardian (if applicable):	
Address:	
Reason for reporting:	
<input type="checkbox"/> Lab-confirmed case of COVID-19	
<input type="checkbox"/> Close contact of a confirmed case of COVID-19	
<input type="checkbox"/> Probable case of COVID-19	
Actions taken:	
<input type="checkbox"/> Lab-based PCR testing	
<input type="checkbox"/> Date of swab collection if testing completed: _____	
<input type="checkbox"/> Has been referred to RC VTAC to register for PCR testing	
<input type="checkbox"/> Self-isolation	
<input type="checkbox"/> Self-isolation of household members	