



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.

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|--|------------------------------------|--|---|
| 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 | | | |