

Case Reporting Form

REPORTING SOURCE			
Name:		Agency:	
Report Date (YYYY/MM/DD):		Time:	
Fax #: ()	Phone #: ()	Cell #: ()	
CLIENT INFORMATION			
<input type="radio"/> Confirmed Case			
Last Name:		First Name:	
DOB (YYYY/MM/DD):	Health Card Number:	Gender:	
Phone #: ()	Cell #: ()		
Address:		City:	
Postal Code:	Name of Parent/Guardian (if applicable):		
Occupation:	Place of Employment:		
High Risk Setting			
<input type="radio"/> Healthcare Setting		Name of Facility:	
<input type="radio"/> Acute Healthcare settings (cases who are hospitalized)			
Date Admitted: _____ Discharge Date: _____			
<input type="radio"/> Long Term Care or Retirement Home			
<input type="radio"/> Congregate Living Setting/Institution		Last day worked/attended:	
ACQUISITION			
<input type="radio"/> Community <input type="radio"/> Facility <input type="radio"/> Household <input type="radio"/> Unknown			
TESTING/SELF ISOLATION SECTION			
YES <input type="radio"/> NO <input type="radio"/>	Self-isolation (10 days)/Household contact self-isolating (10 days from break in contact)		
YES <input type="radio"/> NO <input type="radio"/>	Work Self-isolation		
YES <input type="radio"/> NO <input type="radio"/>	PCR Tested for COVID-19.		
	Date testing completed: _____		Test Result: _____
YES <input type="radio"/> NO <input type="radio"/>	RAT tested for COVID-19.		
	Date testing completed: _____		Test Result: _____
YES <input type="radio"/> NO <input type="radio"/>	Referred to Renfrew County Virtual Triage Assessment Centre (RC VTAC) to book testing		
SYMPTOMS OF COVID 19			
<input type="radio"/> Asymptomatic			
<input type="radio"/> Symptomatic	Specify:		SYMPTOM ONSET DATE:
Notes Section			

PLEASE FAX COMPLETED REPORTING FORM 613-735-3067