Renfrew County and District Health Unit
"Optimal Health for All in Renfrew County and District"

COVID-19 (SARS-CoV-2) Fatalities Reporting Form

Please complete all applicable areas and return this form for the Medical Officer of Health for Renfrew County and District Health Unit as soon as possible, within 12 hours when feasible.

Telephone: (613) 732-3629, ext. 977 **Fax: 613-735-3067**
Infectious Diseases Team 141 Lake Street, Pembroke ON K8A 5L8

Patient Information	
Ontario Health Card #:	
Last Name:	First Name:
DOB *(yyyy-mm-dd)*:	Sex:
Address:	
City:	Postal Code:
Primary Phone #:	Alternative Phone #:

COVID-19 (SARS-CoV-2) Details	
☐ COVID-19 (SARS-CoV-2) laboratory confirmed *(Do not report cases confirmed by Rapid Antigen Test **only**)*	
Specimen type: ☐ Molecular (i.e., PCR, NAAT) ☐ Serology ☐ Other *(please specify)*: _____	
Specimen ID:	
Specimen Collection Date:	Specimen Positive Result Date:
Symptom Onset Date *(if known)*:	Date of Death *(yyyy-mm-dd)*:
☐ COVID-19 was the underlying cause of death ☐ COVID-19 contributed to, but was not the underlying cause of death	☐ COVID-19 was unrelated to cause of death ☐ Cause of death was unknown
Confirmatory documentation must be sent with this form when reporting COVID-19 related fatalities (ie: death certificate and/or report from clinician).	

Reporting Physician Information	
Name:	Specialty/Name of Reporting Agency:
Phone Number:	Alternate Contact Information:
Date of Notification *(yyyy-mm-dd)*:	Signature:

If COVID was the underlying cause of death, COVID-19 should be provided in Part I of the Cause of Death section of the Medical Certificate of Death, i.e., as the Immediate or Antecedent cause of death. For additional details and examples, please see the Technical Note from the World Health Organization. When there was a clear alternative cause of death, e.g., trauma, drug toxicity, other natural death process, at a time that the person was COVID-19 test positive but did not have a clinically compatible illness, COVID-19 should not be provided as the Immediate or Antecedent cause of death.

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, Sections 22 and 24, and will be used for public health follow-up. Any questions should be directed to the Infectious Diseases Team at 613-732-3629, ext. 977. Please provide your designation and reason for calling when leaving a voicemail to ensure call priority.

Adapted from Ottawa Public Health.