HASTINGS PRINCE EDWARD
Public Health

COVID-19
Reporting Form

Please fax to 613-966-1813.

Date Reported: _____ Provider: _____

1.0 Patient Information

Patient Name: _____ Phone: _____

Date of Birth: _____ Health Card Number: _____

Address: _____

2. 0 Case Information

Symptom	Response (X)		Use as Onset (X only one)	Onset Date YYYY/MM/DD
	Yes	No		
Fever			❒	
Cough: (new or worsening)			❒	
Shortness of breath			❒	
Sore throat			❒	
Other			❒	
Other			❒	
Other			❒	

Lab Information

Lab specimens collected? ❒ Yes ❒ No Date: _____

3.0 Exposures Information

A. Has the patient travelled 14 days prior to onset of symptoms?
❒ Yes or ❒ No
Travel history: _____
Date of Departure: _____ Date of Return: _____

B. Has the patient been in contact with a laboratory confirmed case of COVID-19?
❒ Yes or ❒ No
Case name (if available): _____
Date of exposure: _____

C. Has the patient been in contact with a probable case or someone who has ARI and has travelled to an Impacted Area?
❒ Yes or ❒ No
Date of exposure: _____

4.0 Control Measures

Have you informed the patient to self-isolate? ❒ Yes ❒ No
Have you provided the self-isolation fact sheet? ❒ Yes ❒ No