**Please fax to: 613-966-1813 or email to** [**CDCFax1@hpeph.ca**](mailto:CDCFax1@hpeph.ca)

**HCP must report all probable and confirmed cases of COVID to Public Health, including any person who has been tested for COVID-19.**

Date Reported: Click or tap to enter a date.

Provider: Name of provider Phone: Provider’s area code, phone number

**1.0 Patient Information**

Patient Name: Enter Patient’s name here Phone: Area code, phone number

Date of Birth: Date of birth. Health Card Number Health Card Number:

Address: Address Postal Code: Postal Code

**2. 0 Case Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Symptom** | **Response (X)** | | **Use as Onset**  **(X only one)** | **Onset**  **Date** |
| **Yes** | **No** |
| Fever |  |  |  | Onset date. |
| Cough: (new or worsening) |  |  |  | Onset date. |
| Shortness of breath |  |  |  | Onset date. |
| Sore throat |  |  |  | Onset date. |
| Other:  Click or tap here to enter text. |  |  |  | Onset date. |

**Lab Information -** Lab specimens collected?  Yes No Date: Click or tap to enter a date.

1. **Exposures Information**
2. Has the patient travelled 14 days prior to onset of symptoms?  Yes or  No

Travel history: Record Travel History here.

Date of Departure: Date of departure. Date of Return: Date of return.

1. Has the patient been in contact with a laboratory confirmed case of COVID-19?  Yes or  No

Case name (if available): Case name.

Date of exposure: Date of exposure.

1. Has the patient been in contact with a probable case, or with someone who has ARI and who has travelled to an Impacted Area?  Yes or  No

Date of exposure: Date of exposure.

1. **Control Measures**

Have you informed the patient to self-isolate?  Yes or  No

Have you provided the self-isolation fact sheet?  Yes or  No

Additional Notes: Record additional notes here.