

COVID-19 Reporting Form

Please fax to: 613-966-1813 or email to 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Onset date. |
| Cough: (new or worsening) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Onset date. |
| Shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Onset date. |
| Sore throat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Onset date. |
| Other: Click or tap here to enter text. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Onset date. |

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

3.0 Exposures Information

- A. 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.
- B. 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.
- C. 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.

4.0 Control Measures

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

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Additional Notes: Record additional notes here.