

Caller Information

Report taken by:	Date & time: yyyy / mm / dd time:
Name of Reporting Facility:	
Name of Reporting Person:	Contact Number: ()

Patient Information

Patient's Name:	Health Card #:	DOB: yyyy / mm / dd	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
Address:		Client Phone:	
City:		Postal Code:	
Family Physician:			

Lab Information

Specimen Collected: NP Throat Sputum No sample collected Date Collected: _____

Signs and Symptoms

Tick all that apply and specify dates of presentation (if known)

<input type="checkbox"/> Fever Onset: _____ <input type="checkbox"/> Cough <input type="checkbox"/> Sore Throat <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Pneumonia <input type="checkbox"/> Other, please list _____	Other symptoms:
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Exposures and Travel History

Exposures 14 days prior to onset: Travel to impacted COVID-19 area Exposure to lab-confirmed case of COVID-19
 Exposure to symptomatic contact who travelled to impacted area or confirmed case None of the above

Travel History:

Countries visited and Dates: _____

COVID-19 Diagnosis

Lab-Confirmed Clinical/Probable Query* Other:

Note: to be a probable case, lab diagnosis must not be available, inconclusive or negative (if specimen quality or timing is suspect)
 AND patient must have traveled to an impacted area
 OR had close contact with a confirmed/probable case of COVID-19
 OR had close contact with a person with ARI who has been to impacted area

***SMDHU will not be doing any follow-up with patients who are rule-out or query COVID-19. Clinician should complete all health teaching.**

Health Teaching for Probable & Confirmed Cases

Self-isolation of patient for at least 14 days or 24 hours symptom resolution (whichever is longer).
 Patient to avoid close contact with household contacts (as best able).
 Patient to advise all close contacts* to self-isolate for 14 days from last exposure to case.
 Patient provided with Public Health Ontario fact sheet "[How to self-isolate](#)".
 SMDHU will follow-up with patient in next few days (as able)
 Other:

*Close contacts include anyone living in the same household or anyone who had direct contact with infectious body fluids of the patient (without PPE usage)

**** All completed forms to be faxed to the ID Confidential fax line at: 705-733-7738**