COVID-19 Child Care/School Reporting Form

Case ID#:

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| **Caller Information** |
| Name and address of reporting Centre/School: Click here to enter text. | Date: Click here to enter a date. |
| Name of Reporting Person: Click here to enter text. | Contact Number: (###) ### - #### |
| **Child/Staff Information** |
| Name: Click here to enter text. | Health Card #: Click here to enter text. | DOB: YYYY/MM/DD | Gender: [ ]  M[ ]  F [ ]  X |
| Home Address: Click here to enter text. | Client Phone: (###) ### - #### |
| Name of parent/guardian (if applicable): Click here to enter text. | Classroom: Click here to enter text. |
| City: Click here to enter text. Postal Code: Click here to enter text. |
| Family Physician: Click here to enter text. |
| Comments: Click here to enter text. |
| **Lab Information** |
| Specimen Collected: [ ]  NP [ ]  Throat [ ]  No sample collected Date Collected: YYYY/MM/DD |
| **Signs and Symptoms -** Tick all that apply and specify dates of presentation if known |
| Symptoms | Symptom Onset Date | Symptoms  | Symptoms Onset Date |
| [ ]  Fever (>37.8 C) | YYYY/MM/DD | [ ]  Cannot taste or smell | YYYY/MM/DD |
| [ ]  Chills | YYYY/MM/DD | [ ]  Pink eye | YYYY/MM/DD |
| [ ]  New or worsening cough | YYYY/MM/DD | [ ]  Unexplained fatigue/muscle aches | YYYY/MM/DD |
| [ ]  Shortness of breath | YYYY/MM/DD | [ ]  Altered mental status and inattention  | YYYY/MM/DD |
| [ ]  Sore throat | YYYY/MM/DD | [ ]  Croup | YYYY/MM/DD |
| [ ]  Difficulty swallowing  | YYYY/MM/DD | [ ]  Unexplained fast heartbeat | YYYY/MM/DD |
| [ ]  Headaches | YYYY/MM/DD | [ ]  Nausea/vomiting, diarrhea | YYYY/MM/DD |
| [ ]  Runny nose or nasal  congestion (if not prone to  allergies) | YYYY/MM/DD | [ ]  Diarrhea | YYYY/MM/DD |
| [ ]  Sluggishness or lack of appetite/difficulty feeding infants | YYYY/MM/DD |  [ ]  Other | YYYY/MM/DD |
| **Exposures and Travel History** |  |  |
|  |  | *
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| **Exposures 14 days prior to onset:**[ ]  Travel [ ]  Exposure to lab-confirmed case [ ]  High risk contact of a confirmed case [ ]  No known exposureComments: Click here to enter text. |  |  |
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| **All completed forms to be faxed to the ID Confidential fax line at: 705-733-7738** |

Version 4 Updated: September 1, 2020