simcoe muskoka
DISTRICT HEALTH UNIT

COVID-19 Facility Reporting Form

OB#:_____ Case ID#:_____

Caller Information

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

Case's Information

Case's Name:	Health Card #: (if available)	DOB: yyyy / mm / dd	Gender: ☐ M ☐ F ☐ X
Address:		Phone #:	
City:	Postal Code:		

Case's Role at Facility: ☐ **Staff** ☐ **Resident/Attendee** ☐ **Essential visitor** ☐ **Other:**_____

COVID-19 Immunization

COVID Vaccine received: ☐ Unvaccinated/partially vaccinated ☐ Fully vaccinated ☐ Booster Dose #3 ☐ Booster Dose #4

Congregate Setting Information

Congregate Name:	**City:**
Congregate Address:	**Postal Code:**
Manager/Best contact for this address:	**Number:**

Testing Information

Date Collected:

Specimen Collected: ☐ PCR – lab based ☐ PCR – rapid molecular ☐ Rapid Antigen Test (RAT) ☐ Symptomatic - no sample collected

Date Collected: (if second sample was completed)

Specimen Collected: ☐ PCR – lab based ☐ PCR – rapid molecular ☐ Rapid Antigen Test (RAT) ☐ Symptomatic - no sample collected

Dates onsite during period of communicability:

Signs and Symptoms

Tick all that apply and specify dates of presentation if known

☐ fever	☐ runny nose/nasal congestion	**Other symptoms:**
☐ cough	☐ headache	
☐ loss of taste/smell	☐ sore throat	
☐ shortness of breath/difficulty breathing	☐ muscle aches/joint pain	
☐ extreme fatigue	☐ gastrointestinal symptoms	

Exposures History

Exposures: ☐ Travel ☐ Household/community exposure to case ☐ Facility exposure to case

Acute Care Visit Information

Acute Care Name: _____

Attending Physician Name: _____

If **ADMITTED** to hospital: Date of Admission: _____ Date of Discharge: _____

If **NOT ADMITTED**: Date of Hospital Visit: _____

If **TRANSFERRED FROM** a facility: Facility Name: _____ Date: _____

If **TRANSFERRED TO** a facility: Facility Name: _____ Date: _____

Additional Notes:

_____

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