



# COVID-19

## INVESTIGATION & REPORTING FORM

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report any **suspect or confirmed disease of public health significance** to the Medical Officer of Health. The Ministry of Health also provides guidance regarding the responsibility of organizations to report positive point-of-care results. (<https://www.health.gov.on.ca>)

Fax **both** pages of this form **on the same day as the initial patient visit** during business hours (fax: 226-783-2132), after-hours (fax: 226-783-2113)

Date (YYYY/MM/DD):		Name and contact number of reporting health care provider (or workplace): ( ) - ext.	
<b>SECTION A: PATIENT INFORMATION</b>			
Name of Patient:			
(First)		(Middle)	(Last)
Date of Birth: (YYYY/MM/DD)		Age:	Sex:
Address:			
(Street)		(City)	(Postal Code)
Home Phone: ( )		Alternate Phone: ( )	
Name of Parent/Guardian (if applicable):			
<b>SECTION B: PRESENTING SIGNS AND SYMPTOMS * Symptomatic employees should be excluded from work</b>			
√	<b>SIGNS &amp; SYMPTOMS</b>	<b>Onset Date (YY/MM/DD)</b>	√
<input type="checkbox"/>	Asymptomatic		<input type="checkbox"/>
<input type="checkbox"/>	Fever ( $\geq 38^{\circ}\text{C}$ )		<input type="checkbox"/>
<input type="checkbox"/>	New cough		<input type="checkbox"/>
<input type="checkbox"/>	Worsening chronic cough		<input type="checkbox"/>
<input type="checkbox"/>	Running nose/nasal congestion		<input type="checkbox"/>
<input type="checkbox"/>	Sore throat		<input type="checkbox"/>
<input type="checkbox"/>	Loss of taste/loss of smell		<input type="checkbox"/>
<input type="checkbox"/>	Pink eye (conjunctivitis)		<input type="checkbox"/>
<input type="checkbox"/>	Fatigue		<input type="checkbox"/>
<input type="checkbox"/>	Headache		<input type="checkbox"/>
<input type="checkbox"/>	Muscle aches (myalgia)		<input type="checkbox"/>
<input type="checkbox"/>	Shortness of breath		<input type="checkbox"/>
<input type="checkbox"/>	Difficulty breathing		<input type="checkbox"/>
<input type="checkbox"/>	Decreased appetite		<input type="checkbox"/>
<input type="checkbox"/>	Nausea/vomiting		<input type="checkbox"/>
<input type="checkbox"/>	Diarrhea		<input type="checkbox"/>
<input type="checkbox"/>	Difficulty swallowing		<input type="checkbox"/>
<input type="checkbox"/>	Abdominal pain		<input type="checkbox"/>
<input type="checkbox"/>	Malaise/chills		<input type="checkbox"/>
<input type="checkbox"/>	Other:		<input type="checkbox"/>
<b>SECTION C: CASE EXPOSURE INFORMATION</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Travel outside of Ontario	Locations: Date of return (YYYY/MM/DD):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Close contact with a confirmed or probable case	Date of last contact (YYYY/MM/DD):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient is a healthcare provider	Employment location:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient is an agri-food worker	Name of employer:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient is a student	Name of school:	

SECTION D: SPECIMEN COLLECTION			
✓	Date Collected	Specimen Type	Type of Test
<input type="checkbox"/>	____/____/____ YYYY/ MM/ DD	<input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Throat <input type="checkbox"/> Oral (buccal) <input type="checkbox"/> Deep nasal <input type="checkbox"/> Anterior nares/nostril <input type="checkbox"/> Saliva <input type="checkbox"/> Blood	<input type="checkbox"/> Laboratory-based NAAT (PCR) <input type="checkbox"/> Point-of-care Rapid Antigen Test <input type="checkbox"/> Point-of-care NAAT (PCR) <input type="checkbox"/> Serology <input type="checkbox"/> Other: _____
SECTION E: EDUCATION FOR SYMPTOMATIC CLIENTS			
<input type="checkbox"/>	Case advised to self-isolate and not go to work, school, or other public areas. This includes not using public transportation or taxis and limiting visitors. If the case must take a taxi, they should wear a mask, sit in the backseat, and open the window (weather permitting).		
<input type="checkbox"/>	Case should be separated from others in the household environment to the greatest extent possible (e.g., remain/sleep in a separate room and have a dedicated bathroom; maintain a distance of two metres from others).		
<input type="checkbox"/>	Case provided masks and directed to wear a mask for medical appointments or urgent care.		
<input type="checkbox"/>	Case advised to alert all health care workers about the case's status so that appropriate infection prevention and control measures can be taken.		
<input type="checkbox"/>	Case instructed to obtain a confirmatory PCR test at an approved testing centre.		
SECTION F: PATIENT FOLLOW-UP			
<input type="checkbox"/>	Patient with preliminary or inconclusive point of care rapid antigen test instructed to obtain a confirmatory test at an approved testing centre		
<input type="checkbox"/>	Patient instructed to access test results online (requires valid health card)- refer to Health Unit website		
<input type="checkbox"/>	Patient unable to access test results on line due to barriers/challenges to access. Client advised to contact the testing provider for results directly.		

**\*\*The WECHU ONLY CONTACTS CLIENTS IF RESULT IS POSITIVE\*\***

The most current version of the form is available on our website:

<https://www.wechu.org/forms>.

For more information: 519-258-2146 ext. 1420

Infectious Disease Prevention

[www.wechu.org](http://www.wechu.org)

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