



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** (fax: 226-783-2132).

Date (YYYY/MM/DD):	Name and contact number of reporting health care provider (or workplace): () - ext.
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SECTION A: PATIENT INFORMATION

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):		

SECTION B: PRESENTING SIGNS AND SYMPTOMS * Symptomatic employees should be excluded from work

√ SIGNS & SYMPTOMS	Onset Date (YY/MM/DD)	√ SIGNS & SYMPTOMS	Onset Date (YY/MM/DD)
<input type="checkbox"/> Asymptomatic		<input type="checkbox"/> Muscle aches (myalgia)	
<input type="checkbox"/> Fever (≥ 38°C)		<input type="checkbox"/> Shortness of breath	
<input type="checkbox"/> New cough		<input type="checkbox"/> Difficulty breathing	
<input type="checkbox"/> Worsening chronic cough		<input type="checkbox"/> Decreased appetite	
<input type="checkbox"/> Running nose/nasal congestion		<input type="checkbox"/> Nausea/vomiting	
<input type="checkbox"/> Sore throat		<input type="checkbox"/> Diarrhea	
<input type="checkbox"/> Loss of taste/loss of smell		<input type="checkbox"/> Difficulty swallowing	
<input type="checkbox"/> Pink eye (conjunctivitis)		<input type="checkbox"/> Abdominal pain	
<input type="checkbox"/> Fatigue		<input type="checkbox"/> Malaise/chills	
<input type="checkbox"/> Headache		<input type="checkbox"/> Other:	

SECTION C: CASE EXPOSURE INFORMATION

<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
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