

COVID-19 (2019-nCoV) SCREENING TOOL/REPORTING FORM

PLEASE FAX TO: 613-735-3067		IPHIS CASE ID:			IPHIS CLIENT ID:		
REPORTING SOURCE							
Name:		Report	t Date (y/m/d):		Time:		
Agency:		Phone #:					
Fax #: Co			Cell #:				
CLIENT INFORMATION							
Last Name:		First Na	ame:			Gender:	
DOB (y/m/d):	Phone	e #:			Cell #:		
Address:		C	City:	Postal Code:			
Name of Parent/Guardian (if applicable):							
Occupation:			Health Card Number:				
Family Physician:							
Phone #:			Fax #:				
COVID-19 Testing Complete YES NO Date:							
COMPLETE THE FOLLOWING SCREENING QUESTIONS							
CLIENT PRESENTS WITH COVID-19 DEFINING FEATURES							
YES NO Fever (over 38 degrees Celsius) <i>and/or</i>							
YES NO Cough (onset of or exacerbation of chronic cough AND any of the following within 14 days)							
TRAVEL HISTORY							
YES NO Travel to an impacted area * or							
YES NO Close contact* with a confirmed or probable case of COVID-19 or							
YES NO Close contact* with a person with acute respiratory illness who has been to an impacted area*							
AND							
In whom laboratory diagnosis of COVID-19 is not available, recommended, inconclusive, or							
negative (if specimen quality or timing is suspect)							
* A close contact is defined as a person who provided care for the patient, including Health Care Workers,							
family members or other caregivers, or who had other similar close physical contact <i>OR</i> who lived with or							
otherwise had close prolonged contact with a probable or confirmed case while the case was ill.							
*Impacted Area is based on current epidemiology and <u>WHO Situation Report</u>							
For clinical testing purposes, the following gro	ups sh	ould be	e tested:				
Individuals admitted to hospital with acute respiratory illness							
Health care workers with acute respiratory illness							
Individuals with acute respiratory illness who reside in long term care homes and retirement homes Individuals with acute respiratory illness who reside in other institutions and as directed by local public health							
officials							
Health care workers as part of a health care institutional outbreaks and as directed by local public health officials							
First Nation Community members living on-reserve with acute respiratory illness							