



## Suspect COVID-19 Staff Reporting Form

Facility Name:	Date (yyyy/mm/dd):
Last Name:	First Name:
D.O.B (yyyy/mm/dd):	Health Card #:

**Staff member has new or worsening COVID-19 symptoms not related to other known causes or conditions.**

Symptom Onset Date (yyyy/mm/dd): \_\_\_\_\_

**New / Worsening COVID-19 Symptoms:**

<input type="checkbox"/> Fever (37.8°C/100.0°F or greater) <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Runny nose <input type="checkbox"/> Nasal congestion <input type="checkbox"/> Pink eye <input type="checkbox"/> Difficulty swallowing <input type="checkbox"/> New olfactory or taste disorder <input type="checkbox"/> Headache <input type="checkbox"/> Nausea / vomiting	<input type="checkbox"/> Diarrhea <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Unexplained fatigue / malaise <input type="checkbox"/> Unexplained chills <input type="checkbox"/> Unexplained muscle aches and pain <input type="checkbox"/> Other symptoms consistent with the most recent <a href="#">COVID-19 Reference Document for Symptoms</a> :
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**Date last worked (yyyy/mm/dd):** \_\_\_\_\_

Health care worker identified as a close contact of a COVID-19 case (exposure in last 14 days)

Exposure date if known (yyyy/mm/dd) \_\_\_\_\_

Health care worker instructed to self-isolate.

Health care worker instructed that household members must stay home if health care worker has COVID-19 symptoms or is waiting for test results after experiencing COVID-19 symptoms.

**Please indicate if the staff member:**

Had testing completed at the facility. If so, please indicate the date the swab was collected: \_\_\_\_\_

Has been referred to RCVTAC to register for testing and has been given Investigation # (staff need to be aware that Investigation # **MUST** be added to their lab requisition when they are tested).

**Fax completed form to Renfrew County and District Health Unit (RCDHU) at (613) 735-3067**

For questions call RCDHU Long-term Care / Retirement Home line at **(613) 602-6055**, between 8:00 am and 4:00 pm, daily.