



**COVID-19 REPORT FORM**  
**EMAILS WILL NOT BE ACCEPTED FAX: 613-345-5777**

*Fillable fields have been enabled within this PDF Form.  
 Recommended browser: Internet Explorer 11 or Microsoft Edge.*

<b>Outside regular health unit hours (M-F, 8:30 a.m. - 4:30 p.m.), call 613-345-5685 or toll-free 1-800-660-5853 and ask for the Medical Officer of Health.</b>	<b>FOR HEALTH UNIT USE ONLY</b>	
	<b>IPHIS CASE ID:</b>	<b>IPHIS CLIENT ID:</b>

REPORTING SOURCE			
Name:	Report Date (y/m/d):	Time:	
Agency:	Phone #:		
Fax #:	Cell #:		
CLIENT INFORMATION			
Last Name:	First Name:	Gender:	
DOB (y/m/d):	Phone #:	Cell #:	
Address:	City:	Postal Code:	
Client Email:	Name of Parent/Guardian (if applicable):		
Occupation:	Place of Employment:		
HEALTH CARE PROVIDER:	Phone #:	Fax #:	
Additional Comments:			

**PLEASE COMPLETE THE FOLLOWING SCREENING QUESTIONS:**

SETTING	
<input type="checkbox"/> <b>Health Care Worker?</b> If yes, where?	
<input type="checkbox"/> <b>Resident of Long-Term Care/Retirement Home or another congregate living facility?</b> If yes, where?	
<input type="checkbox"/> <b>Neither of the above i.e. (Community member)?</b>	
SYMPTOMATIC	CONTACT OF CONFIRMED CASE
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

*Personal information on this form is collected under the authority of the  
 Health Protection and Promotion Act R.S.O. 1990, c. H.7.*

