

# Coronavirus Assessment Form

Please complete this form and fax to Infectious Diseases Program at 1-705-541-7309.

<b>Patient Name:</b>	
<b>DOB:</b>	
<b>Ontario Health Card:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Date tested:</b>	
<b>Potential contacts:</b>	

<b>Physician/Nurse Practitioner name:</b>	
<b>Hospital/clinic:</b>	
<b>Additional notes:</b>	

**SYMPTOMS (Please note that COVID-19 testing of asymptomatic patients is not recommended)**

- Onset date: \_\_\_\_\_
- Fever (over 38 degrees Celsius)
- Onset of cough or exacerbation of chronic cough
- Shortness of breath
- Other symptoms and clinical history, specify: \_\_\_\_\_
- Date the patient last felt well or asymptomatic: \_\_\_\_\_

**EXPOSURE RISK**

- Travel to an impacted area, specify location: \_\_\_\_\_  
 Dates of travel: \_\_\_\_\_ to \_\_\_\_\_
- Close contact with a laboratory confirmed case of COVID-19
- Close contact with a symptomatic individual with risks, describe: \_\_\_\_\_

**CONSIDERATIONS FOR PRIORITY TESTING AND PUBLIC HEALTH FOLLOW UP**

(Please check if the individual being tested meets any of the criteria below)

- Symptomatic contact of a laboratory confirmed case
- Acute respiratory illness requiring hospital admission
- Health care worker with acute respiratory illness
- Resident of long term care home or retirement home
- Resident of other institution or large congregate setting, specify \_\_\_\_\_
- Health care worker who is part of a health care institutional outbreak
- First Nation community member living on-reserve with acute respiratory illness