

COVID-19 Positive Rapid Testing Reporting Form

THIS FORM IS ONLY FOR REPORTING POSITIVE RAPID ANTIGEN TESTS IN THOSE WHO WORK, LIVE, OR VOLUNTEER AT A HIGH-RISK SETTING.

High-risk settings include retirement homes, long term care homes, elder care lodges, hospices, home care agencies, hospitals, paramedics, congregate living settings (e.g. shelter, group home, or correctional facility), Provincial Demonstration Schools, and hospital schools.

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

Patient Name:							
DOB:	On				Ontario Health Card:		
Address:					,		
Telephone:							
Date Tested:				Time Tested:			
Test Type:	☐ PCR		Rapid Mol	lecular	Rapid Antigen	Other:	
Is patient seekir	ng PCR testing:	Ye	es		No	Unknown	
Reason for testing (symptomatic, high-risk contact, surveillance, test-to-work, etc.): Name and Designation of Person Completing the Test:							
High-Risk Setting Name and Address:							
Result of Test:							
Patient Notified of Result:							

Please ensure that any staff or volunteer who tests positive on a rapid antigen test is excluded from the workplace and advised to self-isolate immediately pending further guidance from Algoma Public Health.

Please ensure any resident who tests positive in the facility is isolated immediately, along with any close contacts in the facility pending further information from Algoma Public Health.

For further information on infection prevention and control practices in the high-risk setting, please contact 705-942-4646 x5404 and ask to speak with someone regarding a high-risk setting.