ACUTE RESPIRATORY INFECTION (ARI) NOTIFICATION FORM

CALL & FAX Completed Form to Southwestern Public Health

St. Thomas Site (phone): 519-631-9900 ext. 0 AND (fax): 519-631-1682

Woodstock Site (phone): 519-421-9901 ext. 0 AND (fax): 519-539-6206

☐ New Report ☐ Update ☐ Person Under Investigation ☐ Suspect/Probable Case ☐ Confirmed Case

DISEASE/DIAGNOSIS:

DATE & TIME OF REPORT:

REPORTED BY:

REPORTING PERSON'S NAME & CONTACT INFORMATION:

PATIENT DEMOGRAPHIC INFORMATION

Patient Name (first, last): Click here to enter text.

Date of Birth: Click here to enter a date.

Phone #: Click here to enter text.

Address (street, city, postal code): Click here to enter text.

Occupation: Click here to enter text.

Workplace: Click here to enter text.

Emergency Contact: Click here to enter text.

Emergency Phone #: Click here to enter text.

Family Physician: Click here to enter text.

Family Physician Phone #: Click here to enter text.

TRAVEL/EXPOSURE HISTORY

Has the patient travelled to an area with known ARI activity within 14 days of symptom onset? If yes, please provide travel dates and locations.

☐ Yes ☐ No

Has the patient had close contact with a confirmed or probable case of ARI?

☐ Yes ☐ No

Has the patient had close contact with a person with ARI who has travelled to an area with known ARI within 14 days prior to their illness onset?

☐ Yes ☐ No

LABORATORY/DIAGNOSTIC TESTING

(Please contact the health unit to arrange lab testing)

Type of Specimen(s) Collected: Click here to enter text.

Date of Collection: Click to enter a date.

Results: Click here to enter text.

Date of Results: Click to enter a date.

Other Tests/Results: Click here to enter text.

PATIENT CLINICAL INFORMATION

Signs & Symptoms & Onset Dates:

- ☐ Abdominal pain Click to enter onset date.
- ☐ Anorexia/decreased appetite Click to enter onset date.
- ☐ Arthralgia/joint pain Click to enter onset date.
- ☐ Chest pain Click to enter onset date.
- ☐ Conjunctivitis Click to enter onset date.
- ☐ Cough Click to enter onset date.
- ☐ Diarrhea Click to enter onset date.
- ☐ Dizziness Click to enter onset date.
- ☐ Fatigue/prostration Click to enter onset date.
- ☐ Fever (≥38°C) Click to enter onset date.
- ☐ Feverish (temp. not taken) Click to enter onset date.
- ☐ Headache Click to enter onset date.
- ☐ Malaise/chills Click to enter onset date.
- ☐ Myalgia/muscle pain Click to enter onset date.
- ☐ Nausea Click to enter onset date.
- ☐ Nose bleed Click to enter onset date.
- ☐ Otitis Click to enter onset date.
- ☐ Rash Click to enter onset date.
- ☐ Rhinorrhea/nasal congestion Click to enter onset date.
- ☐ Seizures Click to enter onset date.
- ☐ Shortness of breath/difficulty breathing Click to enter onset date.
- ☐ Sneezing Click to enter onset date.
- ☐ Sore throat Click to enter onset date.
- ☐ Sputum production Click to enter onset date.
- ☐ Swollen lymph nodes Click to enter onset date.
- ☐ Vomiting Click to enter onset date.
- ☐ Other:

Clinical Evaluations (Check all that apply):

- ☐ Altered mental status
- ☐ Arrhythmia
- ☐ Clinical or radiological evidence of pneumonia (attach report)
- ☐ Diagnosed with Acute Respiratory Distress Syndrome
- ☐ Encephalitis
- ☐ Hypotension
- ☐ Meningismus/nuchal rigidity
- ☐ O2 saturation ≤ 95%
- ☐ Renal Failure
- ☐ Sepsis
- ☐ Tachypnea
- ☐ Other:

Emergency Room Visit:

☐ Yes ☐ No

Hospitalization Required:

☐ Yes ☐ No

ICU Admission:

☐ Yes ☐ No

Patient Isolated: (If yes, specify which type of isolation)

☐ Yes ☐ No

Name of Hospital: Click here to enter text.

Admit Date: Click to enter a date.

Discharge Date: Click to enter a date.

Admission Diagnosis: Click here to enter text.

Most Responsible Physician: Click here to enter text.

Personal information collected on this form is collected by law under the Health Protection and Promotion Act and Personal Health Information Protection Act. Any questions about the collection of this information should be directed to: SWPH Privacy Officer, Southwestern Public Health 1230 Talbot Street, St. Thomas, ON N5P 1G9, (519) 631-9900; Fax: (519) 631-1682