



St. Thomas Site Administrative Office
 1230 Talbot Street
 St. Thomas, ON N5P 1G
 1-800-922-0096 | 519-631-9900 Ext.1232.

WoodstockSite
 410 Buller Street
 Woodstock, ON N4S 4N2
 1-800-922-0096 | 519-421-990 Ext. 3500

NOTIFICATION FORM

ACUTE RESPIRATORY INFECTION (ARI)/COVID-19

Complete this form for all patients with ARI symptoms for whom COVID-19 testing is indicated

Date and Time of Report:

Reported By:

Hospital/Clinic/Office Name:

PATIENTS DEMOGRAPHICS (can use patient sticker)

Patient Name (first, last):

Date of Birth:

Phone #:

Address: (street, city, postal code):

Is patient a:

Healthcare worker? No Yes If YES Hospital LTC RT Name _____
 First Responder Homecare provider Other _____
 Resident of an LTC or Retirement Home? Name _____

SYMPTOMS

Common Symptoms:

- Fever (temperature of 37.8°C or greater)
- New or worsening cough
- Shortness of breath (dyspnea)

Other Signs/Symptoms:

- Sore throat Runny nose
- Nasal congestion
- Difficulty swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Clinical or radiological evidence of pneumonia

Atypical Signs/Symptoms*:

- Unexplained fatigue/malaise/myalgias
 - Delirium Chills Croup
 - Headaches Conjunctivitis
 - Unexplained or increased falls
 - Exacerbation of chronic conditions
 - Multisystem inflammatory vasculitis in children
- *should be considered, particularly in children, older persons, and people living with developmental disability*

EXPOSURE HISTORY

Contact of a COVID Case? Details _____
 Where Exposed: Work Home Travel to: _____
 Other _____

EMERGENCY ROOM/CLINIC VISIT

Assessed and **advised to self-isolate** Admitted to Hospital

LABORATORY/DIAGNOSTIC TESTING

N/P swab completed Yes No
 Patient is asymptomatic (e.g. re-admittance to a high-risk setting)

FAX Completed Form to Southwestern Public Health
 St. Thomas Site: 519-631-1682 | Woodstock Site: 519-539-6206