

CORONAVIRUS DISEASE (COVID-19) CASE REPORT FORM

SECTION 1: CASE PROTECTED INFORMATION – Local / Provincial / Territorial use only**DO NOT FORWARD THIS SECTION TO PHAC**

CASE Information	PROXY Information
Last name:	Is respondent a proxy? (e.g. for deceased patient, child)
First name:	No Yes (complete information below)
Usual residential address:	Last name:
City: Province/Territory:	First name:
Postal code: Local Health Region:	Relationship to case:
Phone number #1:	Phone number #1:
Phone number #2:	Phone number #2:
Date of Birth (dd/mm/yyyy)	
Local Case ID:	
P/T Case ID:	

COVID Alert App	
Case downloaded COVID Alert app:	
Yes No Unknown	
If YES: Was Bluetooth on all the time on the case's phone in the past 14 days?	Yes No Unknown
If NO: why did case not download COVID Alert app?	
Case received COVID Alert unique one-time key:	Yes No Unknown
If NO: why?	
Case entered one-time key into the COVID Alert app:	Yes No Unknown
If NO: why?	

Contact information for person reporting
First and Last Names:
Telephone #:
Email:

Instructions for Completion

- This form is to be used by medical professionals only for the reporting of probable and confirmed cases to their local or provincial health authorities via secure methods.
- If you are a member of the public who has concerns about COVID-19 please visit: www.canada.ca/coronavirus
- Please complete as much detail as possible on this form at the time of the initial report.
- It is not expected that all fields will be completed during the initial report, but that updates will be made when information becomes available.

Instructions to local public health authorities

- **Reporting:** Please report cases using normal local/provincial/territorial methods
- **Travel:** Local and Provincial public health authorities can request manifests from the conveyance operators directly, if needed.

Instructions to provincial / territorial public health authorities

- **Reporting of probable and confirmed cases:** Please report cases using the secure methods established between PHAC and provincial and territorial partners.



1 | CORONAVIRUS DISEASE (COVID-19) CASE REPORT FORM

P/T Case ID: Reported Date (DD/MM/YYYY):

ADMINISTRATIVE INFORMATION

INITIAL REPORT

UPDATED REPORT

Reporting Province/Territory

BC AB SK MB ON QC NB NS PE NL YK NT NU

Reason for testing:

Individual sought healthcare
Contact of a caseRoutine respiratory disease surveillance
Notified of potential exposure (e.g. via COVID Alert app)Detected at point of entry
Other, specify:

SURVEILLANCE CASE CLASSIFICATION (refer to national case definition)

Confirmed

Probable

CASE DETAILS

Residency: Canadian resident Non-Canadian resident If non-Canadian resident, residence country:

Health region: Forward sortation area (first three letters/digits of residential postal code):

Dwelling type:

Private dwelling (single family home)
Private dwelling (apartment)
Student residenceRooming house/group home
Assisted living facility
Long term care facility
Retirement residenceCorrectional facility
Shelter/homeless
Unknown
Other, specify:

Sex assigned at birth*: Male Female Intersex Unknown

*A set of biological attributes in humans and animals assigned at birth. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy.

Age: _____

years

Gender*: Male Female Another gender Unknown

*Refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people.

months

Race* (check all that apply):

Black (e.g. African, Afro-Caribbean, African Canadian descent)
 East/Southeast Asian (e.g. Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
 Indigenous (e.g. First Nations, Inuk/Inuit, Métis descent)
 Latino (e.g. Latin American, Hispanic descent)
 Middle Eastern (e.g. Arab, Persian, West Asian descent – i.e. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
 South Asian (e.g. South Asian descent – i.e. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
 White (e.g. European descent)
 Other, specify:
 Not asked
 Prefer not to answer
 Unknown

*Indicates the population group to which the case most closely identifies

If Indigenous, indicate which Indigenous identity the case self-identifies as:

First Nations
 Métis (includes member of a Métis organization or Settlement)
 Inuk/Inuit
 Other Indigenous, specify:
 Not asked
 Prefer not to answer
 Unknown

Does the case reside in a First Nations Community (on-reserve or Crown land) or Inuit Community?

Yes No Prefer not to answer Unknown

OCCUPATION**Is the case currently a healthcare worker?**

(Any role in a private or public health care setting, including employee, volunteer, student.)

Yes

No

Unknown

Not asked

If case is a healthcare worker, did the case provide direct patient care* in the 14 days prior to the date of symptom onset?**

*In-person patient care with or without the use of personal protective equipment

** If asymptomatic, refer to the date of collection of the positive lab specimen

Yes

No

Unknown

Not asked

If case is a healthcare worker, what is the healthcare occupation of the case?:

Personal support/care worker or care aide

Nurse (RN, RPN, LPN, NP)

Physician

Allied health professional (e.g. respiratory, occupational, physical, and other therapists, midwives, physician assistants, speech language pathologists, dietitians and nutritionists, social workers)

Dental professional

Emergency medical personnel

Laboratory worker

Pharmacist

Support services (e.g. cleaners, kitchen staff)

Administrative services

Student

Volunteer

Unknown

Other, specify:

If case is not a healthcare worker or volunteer, indicate case's occupation:

Animal worker (e.g. mink/rabbit farm, animal shelter, wildlife rehabilitation, zoo, veterinary clinic)

Correctional facility worker

Farm worker

Industrial worker (e.g. mining, construction, warehouse)

Meat processing facility worker

Restaurant / Bar worker

Retail worker (e.g. in a department store, discount store, grocery store, pharmacy, etc.)

Office worker

Retired

School or daycare worker

Student

Unemployed

Unknown

Other, specify:

Is the case a rotational worker* (travel outside of the province/territory for work)?

* A worker whose shifts rotate or change according to a set schedule. This includes workers who work in remote or isolated regions at worksites that employ a fly-in-fly-out (FIFO) or drive-in-drive-out (DIDO) model (e.g., oil sands or mine workers).

Yes

No

Unknown

Not asked

Is the case a temporary foreign worker*?

* Individuals who are neither a Canadian citizen nor a permanent resident who work in Canada.

Yes

No

Unknown

Not asked

SYMPTOMS**Symptom Onset Date (DD/MM/YYYY):****Case is asymptomatic at time of report**

PRE-EXISTING CONDITIONS and RISK FACTORS

Condition or Risk Factor	Yes	No	Unknown	Not asked
Asthma				
Cardiovascular Disease (e.g., coronary heart disease, congenital heart disease)				
Cerebrovascular Disease (e.g., stroke)				
Chronic Kidney Disease				
Chronic Obstructive Pulmonary Disease (COPD)				
Hypertension (i.e., high blood pressure)				
Immunodeficiency Disease/Condition				
Diabetes				
Liver Disease (e.g., non-alcoholic fatty liver disease, alcoholic liver disease, chronic viral hepatitis, cirrhosis)				
Malignancy (cancer)				
Neurological or Neuromuscular Disorder (e.g., Dementia)				
Obesity (BMI≥30)				
Problematic substance use (alcohol, injection drug, opioid use*) * Problematic opioid use defined as the use of non-pharmaceutical opioids (e.g. heroin and carfentanil), use of pharmaceutical opioids not prescribed to the person or problematic use of prescribed opioids.				
Pregnancy If yes, trimester: First Second Third				
Post-partum (≤6 weeks)				
Sickle Cell Disease				
Vaping (in the past 30 days)				
Smoking tobacco	Current Former	Never	Unknown	Not asked
Other If yes, specify:				

CLINICAL COURSE and OUTCOMES

Admitted to the hospital as a result of their illness (does not include ER visits):	Yes	No	Unknown
If hospitalized, was the case admitted to intensive care unit (ICU):	Yes	No	Unknown
Deceased:	Yes	No	Unknown
If the case is deceased, was COVID-19 the cause of death or a contributing factor?:	Yes	No	Unknown
Indicate cause of death (as listed on death certificate):			
Death Date (DD/MM/YYYY):			
Disposition (if not deceased):	Resolved	Not yet resolved	Unknown
Resolution Date (DD/MM/YYYY):			

EXPOSURES

In the 14 days prior to symptom onset*, did the case travel to/from another province/territory within Canada (including layovers/ in transit)? Yes No Not asked Unknown

If yes, specify the province/territory travelled to/from (check all that apply, including layovers/ in transit):

BC AB SK MB ON QC NB NS PE NL YK NT NU

In the 14 days prior to symptom onset*, did the case travel outside of Canada? Yes No Not asked Unknown

If yes, specify the country or countries travelled to (including layovers/ in transit):

In the 14 days prior to symptom onset*, was the case in close contact** with a person who has travelled in the previous 14 days?

Yes – contact travelled in Canada
 Yes – contact travelled internationally
 No close contact with anyone who has travelled
 Unknown
 If YES, specify where the contact travelled:

Was the case in close contact** with a confirmed or probable case in the 14 days prior to their symptom onset*? Yes No Not asked Unknown

In the 14 days prior to symptom onset*, was the case exposed to a known cluster or outbreak***? Yes No Unknown
 If yes, outbreak ID (assigned by PT):

Indicate exposure setting(s) where the case may have been exposed and acquired infection (Check all that apply)

Exposure setting based on local public health assessment (consider risk, likelihood of transmission, time spent at location, activity at that location, etc.)

Unknown source	Retail (e.g. department store, discount store, grocery store, pharmacy, etc.)	Social event (e.g. house party, family events, etc.)
Agri-food processing facility (agri-food includes from primary agriculture and aquaculture to food, seafood, and beverage processing)	Recreational facility (e.g. gym, fitness, museum, gallery, community centre, etc.)	Office
Industrial setting (e.g. warehouse, mining, etc.)	Personal care setting (e.g. spa, barber, hair salon, etc.)	Household (e.g. single family household)
Emergency services (e.g. paramedic, fire, police services)	Transportation (e.g. municipal transport system, taxi, etc.)	Retirement residence
Acute care setting (e.g. hospital, urgent care, emergency room)	Travel / tourism (e.g. flight, hotel, short-term rental, cruise, etc.)	Long term care facility
Community healthcare setting (e.g. private clinics, support centres for people living with disabilities, etc.)	Restaurant/bar	Congregate living setting (e.g. shelter, group homes, university dormitories, etc.)
	Mass gathering event (e.g. conference, sporting event, etc.)	Correctional facility
		Daycare or day camp
		School (e.g. elementary, secondary, post-secondary)
		Other, specify: _____

Exposure setting type

Community Personal residence Other residence Workplace Unknown Other, specify:

Examples: (1) If exposure setting is a school, and the case works as a teacher, select *workplace* for exposure setting type. If the case is a student, then select *community* for exposure setting. (2) If exposure setting is a long term care facility, and the case lives there, then select *other residence* for exposure setting. If the case is a nurse who works at the long term care facility, then select *workplace* for exposure setting.

Total number of contacts identified for this case: Unknown

* If asymptomatic, refer to date of collection of the positive lab specimen

** **Close contact** is defined as a person who provided care for the patient, including healthcare workers, family members or other caregivers, or who had other similar close physical contact OR who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

*** This includes clusters that are not considered reportable outbreaks

COVID-19 Outbreak: Two or more confirmed cases of COVID-19 epidemiologically linked to a specific setting and/or location. Excluding households, since household cases may not be declared or managed as an outbreak if the risk of transmission is contained. This definition also excludes cases that are geographically clustered (e.g., in a region, city, or town) but not epidemiologically linked, and cases attributed to community transmission.

COVID-19 Cluster: Two or more confirmed cases aggregated in time and by setting and/or location, without an epidemiological link (e.g., common exposure or transmission event), or until an epidemiological link is established. Aggregated in time means that the cases' symptom onset or if asymptomatic, the date that the diagnostic laboratory sample was collected, occurred within 14 to 28 days (i.e., one to two maximum incubation periods). The identification of a cluster considers the setting/location type and level of community transmission, and is at the discretion of the investigating health authority.

LABORATORY INFORMATION

Specimen collection date (DD/MM/YYYY):

Test result date (DD/MM/YYYY):

Type of test used: Laboratory-based NAAT Serology POC NAAT POC Antigen test Other

Lab name:

Lab specimen ID:

Has sequencing been completed? Yes No Unknown

Has a variant of concern, variant of interest or other mutation of interest been identified? Yes No Unknown

Variant Screening Result:

Variant Sequencing Result:

VACCINATION INFORMATION

Did the case receive vaccination for COVID-19? Yes No Unknown

Indicate vaccine(s) received (Check all that apply)	Number of doses administered	Date of first dose administered (DD/MM/YYYY):	Date of second dose administered (DD/MM/YYYY):	Date of subsequent dose administered (if applicable) DD/MM/YYYY):
Pfizer/BioNTech				
Moderna				
AstraZeneca				
COVISHIELD				
Janssen				
Other, specify:				
Unknown				