



ᐃᓐᓂᐃᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐᓂᓐ
 Department of Health
 Munaqhiliqiyitkut
 Ministère de la Santé

SARS CoV-2 (COVID-19) Case Report Form

Case report form is ONLY required for cases confirmed via POCT or PCR test OR those receiving treatment

Fill in OR affix addressograph here

Last Name: _____
 First Name: _____
 Sex: Male Female Other
 Date of Birth: ____ (DD) ____ (month) ____ (YYYY)
 Chart#: _____
 Health Card #: _____
 Community of Residence: _____
 Address: _____
 Ph: _____

1. Was case tested via Point of Care Test (POCT) or PCR? Yes No

If yes, date of collection (dd/mm/yyyy): _____

Result: Positive Negative

2. Is case receiving COVID-19 treatment (Paxlovid etc.) Yes No

3. Symptomatic: Yes No

If yes, date of symptom onset: ____ (dd) ____ (month) ____ (yyyy)

4. Immunization status:

- Unvaccinated (<2 doses)
- Vaccinated (primary series)
- Vaccinated (primary series + booster(s))

5. International travel in the last 14 days: Yes No

If yes, where: _____

Dates: _____

6. Pregnant: Yes No

7. Risk factors for severe COVID-19 disease? (see COVID-19 protocol v9, Appendix A): Yes No

If yes, describe: _____

8. Work with or member of congregate living setting? Yes No

(Includes: Homeless shelters, group homes, healing facilities, correctional facilities, long-term and continuing care centres)

If yes, where: _____

Date last in contact (if employee): _____

9. Healthcare worker: Yes No

If yes, which location: _____



ᐃᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦᐸᑦ
 Department of Health
 Munaqhiliqiyitkut
 Ministère de la Santé

10. Was case medevaced: Yes No

If yes, date: _____(dd)_____ (month)_____ (yyyy) Medevac destination: _____

11. Was case hospitalized: Yes No

If yes, date: _____(dd)_____ (month)_____ (yyyy)

ICU: Yes No

Additional notes/comments: (for healthcare worker use)

REPORTING CLINICIAN

Reporter Name: _____ Reporting Community: _____

Contact Information: _____ Report Date (dd/month/yyyy) : _____

Fax or scan completed form to the Regional Communicable Disease Coordinator (RCDC)		
Kitikmeot Region	Kivalliq Region	Qikiqtaaluk Region
FDigout@gov.nu.ca Fax: (867) 983-4088	Kivalliq_RCDC@gov.nu.ca Fax: (867) 645-2409	Qikiqtaaluk_RCDC@gov.nu.ca Fax (867) 975-4833