Alberta Government

COVID-19 Reporting Form

Protected B when completed

☐ **INITIAL SUMMARY**
☐ **UPDATE/AMENDMENT**
☐ **FINAL SUMMARY**

SECTION 1: CASE DEFINITION (select one)

☐Confirmed ☐Probable ☐Does not meet definition (not a case)

SECTION 2: REPORTING INFORMATION

Date case investigation opened: *Choose a date*	**Date reported to Alberta Health:** *Choose a date*
Submitter: *Click to enter*	**Zone-FNIHB location Reporting:** *Click to enter*
Telephone number: *Click to enter*	**Outbreak Associated:** ☐No ☐Yes **If Yes: EI#:** *Click to enter*

Reason for testing (select one):

☐ **Individual sought healthcare** ☐ **Contact of a case** ☐ **Routine respiratory disease surveillance**

☐ **Other, specify:** *Click to enter*

SECTION 3: PERSONAL IDENTIFIERS

PHN: *Click to enter*	**Gender:** ☐ Male ☐ Female ☐ Other ☐ Unknown	**Birth Date:** *Choose a date*
Name: *Last* *Click to enter*	*First* *Click to enter*	
Address: *Click to enter*	**Municipality:** *Click to enter*	**Postal Code:** *Click to enter*
Province: *Click to enter*	**Country:** *Click to enter*	**Lives on Reserve** ☐No ☐Yes : specify reserve *Click to enter*

Ethnicity:	☐ Caucasian ☐ Black	☐ First Nations ☐ Inuit	☐ Métis ☐ Latin American	☐ Asian (East/SE) ☐ Other Asian	☐ Middle East/Arab ☐ Unknown	☐ Other, Specify: *Click to enter*

Residence Type: ☐Acute care facility ☐Child care facility ☐Correctional facility ☐Long term care facility ☐School (K-12) Grade *Click to enter* ☐School (post-secondary) ☐Supportive living/home living site ☐None ☐Other specify: *Click to enter*

Homeless: ○ Yes ○ No ○ Unknown

Employment/Occupation Details (list all):

☐Healthcare worker/volunteer with direct patient contact ☐School or daycare worker ☐Lab worker handling biological specimens ☐Farm worker ☐Veterinarian ☐Other specify: *Click to enter*

SECTION 4: CLINICAL FINDINGS

Onset Date: *Choose a date* ☐ **Unable to contact** ☐ **Lost to follow-up**

Symptoms (check all that apply): ☐ Yes ☐Asymptomatic ☐Unknown

☐Anorexia	☐Dizziness	☐Nausea	☐Shortness of breath/difficulty breathing
☐Arthralgia	☐Fever	☐Nose bleed	☐Sneezing
☐Chest pain	☐Headache	☐ Pain (muscular, chest, abdominal, joint, etc).	☐Sore throat
☐Fevered/chills temp not taken	☐Irritability/confusion	☐Prostration	☐Vomiting
☐Conjunctivitis	☐Malaise	☐Rhinorrhea	☐Other, specify: *Click to enter*
☐Cough	☐Myalgia		
☐Decreased appetite	☐Nasal congestion		
☐Diarrhea			

SECTION 5: UNDERLYING CONDITIONS (check all that apply)			☐ **None identified** ☐ **Unknown**
Co-infection:	☐ iGAS	☐ IPD	Other, specify__ *Click to enter*
☐ Addiction/ Abuse		☐ Chronic GI Disease	☐ Malignancy
☐ Alcohol		☐ Chronic Heart Disease	☐ Obesity
☐ Illegal drug		☐ Chronic Hepatic Disease	☐ Postpartum
☐ Non-prescription drug		☐ Chronic Mental Illness	☐ Pregnancy Loss
☐ Prescription drug		☐ Chronic Metabolic Disease	☐ Pregnant EDD: enter a date.
☐ Anemia/Hemoglobinopathy		☐ Chronic Renal Disease	☐ Other Chronic Conditions (Specify): *Click to enter*
☐ Asthma		☐ Diabetes	☐ Other Chronic Lung Disease (Specify): *Click to text*
☐ COPD		☐ History of Seizures (including epilepsy)	
☐ Chronic Chromosomal Disease		☐ Hypertension	☐ Other (specify): *Click to enter*
☐ Chronic Neurological/Neuromuscular disorder		☐ Immunodeficiency disease/condition	

History of Smoking (check all that apply):		☐ Never Smoked
Current Smoker (has smoked in the last 30 days):		
☐ Smoker (Commercial tobacco e.g. cigarettes, cigars, hookah, pipe)	☐ Smoker (Hookah-herbal without tobacco)	☐ Smoker (Vaping – Nicotine Free)
☐ Smoker (Cannabis)	☐ Smoker (Vaping - Nicotine)	☐ Smoker (Vaping – THC/CBD)
Past History of Smoking (prior to the last 30 days):		
☐ Smoker (Commercial tobacco e.g. cigarettes, cigars, hookah, pipe)	☐ Smoker (Hookah-herbal without tobacco)	☐ Smoker (Vaping – Nicotine Free)
☐ Smoker (Cannabis)	☐ Smoker (Vaping - Nicotine)	☐ Smoker (Vaping – THC/CBD)

Section 6: Clinical Evaluations/Complications/Diagnoses	**Yes**	**No**	**Unknown**
Abnormal lung auscultation	☐	☐	☐
Altered mental state	☐	☐	☐
Diagnosed with pneumonia	☐	☐	☐
Coma	☐	☐	☐
Diagnosed with Acute Respiratory Distress Syndrome (ARDS)	☐	☐	☐
O2 saturation <95%	☐	☐	☐
Encephalitis	☐	☐	☐
Hypotension	☐	☐	☐
Pharyngeal Exudate	☐	☐	☐
Renal Failure	☐	☐	☐
Seizure	☐	☐	☐
Sepsis	☐	☐	☐
Tachypnea	☐	☐	☐
Other, specify: Click or tap here to enter text.			

Section 7: Clinical Course and Outcome

Was the client hospitalized: ☐Yes ☐No	**Admit Date:** Click to enter			**Discharge Date:** Click to enter
	Yes	**No**	**Unknown**	
Admitted to ICU	☐	☐	☐	**Number of Days:** Click to enter
Isolation (negative pressure)	☐	☐	☐	
Ventilated during any of the hospital visits	☐	☐	☐	**Number of Days:** Click to enter

Client Disposition	☐ **Recovered**	☐ **Stable**	☐ **Deteriorating**	**Disposition Date:** Click to enter

☐ Client Died **Fatal** → Death Date: *Choose a date*	☐ Died From disease ☐ Disease contributed to death (secondary cause)	☐ Died – other causes ☐ Died – unknown cause

Autopsy Performed:	☐ Yes	☐ No	☐ Unknown

Section 8: Exposures

1. In the 14 days prior to symptom onset did the case:

a. **Travel outside of AB** ☐ Yes ☐ No ☐ Unknown

Detected at Point of Entry: ☐ Yes ☐ No
If yes list location: Click to enter text.

Date Arrived at Location	Date Left Location	Departure Country	Destination Country	Destination-specific information (resort etc.)	Flight/Carrier Details
Choose a date	*Choose a date*	*Click to enter*	*Click to enter*	*Click to enter*	*Click to enter*
Choose a date	*Choose a date*	*Click to enter*	*Click to enter*	*Click to enter*	*Click to enter*
	Choose a date	*Click to enter*	*Click to enter*	*Click to enter*	*Click to enter*

b. **Have close contact* with a symptomatic confirmed or probable case?** ☐ Yes ☐No ☐ Unknown

	Case ID	**First contact Date** **Sustained Contact**	**Last contact date**	**Contact type:**	**Comments**
If yes, list the contact's →	*Click to enter*	enter a date ☐ Yes ☐ No ☐ Unknown	enter a date	☐ Healthcare setting ☐ Family Setting ☐ Work place ☐ Unknown ☐ Other, specify: *Click to enter*	Click or tap here to enter text.
	Click to enter	enter a date ☐ Yes ☐ No ☐ Unknown	enter a date	☐ Healthcare setting ☐ Family Setting ☐ Work place ☐ Unknown ☐ Other, specify: *Click to enter*	Click or tap here to enter text.

c. **Have close contact* with a person with fever and/or cough who has been to an affected area** in the 14 days prior to their illness onset?** ☐ Yes ☐ No ☐ Unknown

Date of last contact:
Enter a date.

Contact setting:
☐ Healthcare setting ☐ Work place
☐ Family Setting ☐ Unknown
☐ Other, specify: *Click to enter*

Exposure occurred in Canada:
☐Yes
☐No, specify Click to enter
☐Unknown

d. **Have contact with live animals (not considered household pets) or animal products in any of the affected areas?**

	☐Yes ☐No ☐Unknown	If yes, specify what type of animals or animal productions you had contact with: *Click to enter*	If yes where: ☐ Home ☐ Work ☐ During Travel ☐ Live Animal Market Specify City: *Click to enter*
e.	**Did the case visit any health care facility?**		☐Yes ☐No ☐Unknown
f.	**Total number of Contacts Identified for this case:** *Click to enter*		☐Number of contacts unknown

2. Disease Acquired:

	Was the case: ☐ Community-Acquired or ☐ Hospital-Acquired		
a.	**Where was the Disease Acquired (select one):** ☐Acute care facility ☐Childcare facility ☐Community Specify Where *Click to enter* ☐Correctional facility ☐Long term care facility ☐Private Dwelling ☐School (K-12) Grade *Click to enter* ☐School (post-secondary) ☐Supportive living/home living site ☐Unknown ☐Other specify: *Click to enter*		
b.	☐ **A health care worker exposed to a confirmed Case of COVID-19 at work?**	i) **Work locations where there were confirmed cases**: ☐ Acute care facility ☐ Long-term care facility ☐ School-based ☐ Community-based ☐ Other, specify: *Click to enter*	**ii) What PPE was used:** ☐ Surgical mask ☐ n95 mask ☐ Face shield ☐ Eye protection ☐ None ☐ Unknown
c.	☐ **A laboratory employee working directly with emerging or re-emerging pathogens?**		

3. Daily activities during the incubation period (14 days prior to onset up and up to 2 days prior to onset). Indicate date and activity:

Activities: *Click to enter*

4. **Daily activities during the period of communicability (2 days prior to onset and 10 days post onset). Indicate date and activity:**

Activities: *Click to enter*

Comments: *Click to enter*