COVID-19 Client Tracking Tool

DEMOGRAPHICS						CLIENT HAS SYMPTOMS CLIEN				CLIENT DOES NOT HAVE SYMPTOMS			Т	REPORTING	
Name	DOB (yyyy/mm/dd)	Gender	PHN	Lives On Reserve (Y/N)	Contact Number	Fever, cough, shortness of breath, runny nose, sore throat, stuffy nose, painful swallowing, headache, chills, muscle/joint ache, feeling unwell, nausea/vomiting, diarrhea, loss of appetite, loss of sense of smell or taste, pink eye	Symptom Onset Date (mm/dd)	Tested in order to Return to Preschool or Daycare	Reason for Close Contact of a Case	Connected to an Outbreak	ic Testing Enhanced	Swab Date (mm/dd)	Swab Result +/-	Included in Weekly Reporting to FNIHB	Comments

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