BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

COVID-19 REPORTABLE DISEASE- Notification Form
FAX to Infectious Disease Team at 519-663-8241

1. Please indicate if COVID-19 is ☐ Confirmed or ☐ Suspect/Probable
Comments:

2. Reporting Information	Date Reported to Health Unit: YYYY-MM-DD	Time:
Type of reporting source: (Name of clinic, hospital, school, laboratory, etc.)		
Name:	Phone Number:	

3. Client Demographics			
Last Name:		First Name:	
Date of birth: YYYY-MM-DD	Age:	Gender: ☐ Male ☐ Female ☐ Other Specify:	
Address:			
City:	Postal Code:	Phone:	
Next of Kin:		Relationship:	Phone:
Family Physician:		Phone Number:	

4. Symptoms:
Date of first symptoms:
List symptoms:

5. History of Travel within the last 14 days?
☐ Yes ☐ No
Travel Location:

6. Occupation:
Name of Occupation:
See attached: ☐ progress notes ☐ laboratory results

The Personal Information on this form is collected under the authority of the Health Protection and Promotion Act and applicable privacy legislation. This information will be used for delivery of public health programs and services and may be used for evaluation or statistical/research purposes. Any questions about the collection of this information should be directed to the Manager, Infectious Disease Control Team, Middlesex-London Health Unit, 50 King Street, London, ON N6A 5L7, (519) 663-5317 x225