List of Persons Being Tested for COVID-19

Person Being Tested: A term used in the CD Unit to define a person being tested for COVID-19, not meeting the provincial case definition of confirmed nor probable case, and does not have high-risk exposure to COVID-19. If contact tracing is indicated, complete Appendix 5 for each person tested and fax along with this form. Please fax completed list daily at end of day to the confidential CD fax line at: 807-343-5348. Faxing of the list is not required if there are no persons tested that day. Communities may use or adapt this template to report the information requested below.

Community Name: ______________________ Total tests today: __________ Date: __________ Faxed to CD Unit: Y / N

Demographic Information (If using sticker, ensure all information is provided below)	**Date of swab**	**Symptoms –circle yes or no**	**Medical conditions – circle yes or no**	**Comments**
Name of client: Health Card Number: DOB: Address: Gender: Indigenous Heritage: ☐ First Nations ☐ Inuit ☐ Metis ☐ Other ☐ Prefer to not disclose	YYYY / MMM / DD	Yes No	Yes No	
Name of client: Health Card Number: DOB: Address: Gender: Indigenous Heritage: ☐ First Nations ☐ Inuit ☐ Metis ☐ Other ☐ Prefer to not disclose	YYYY / MMM / DD	Yes No	Yes No	
Name of client: Health Card Number: DOB: Address: Gender: Indigenous Heritage: ☐ First Nations ☐ Inuit ☐ Metis ☐ Other ☐ Prefer to not disclose	YYYY / MMM / DD	Yes No	Yes No	
Name of client: Health Card Number: DOB: Address: Gender: Indigenous Heritage: ☐ First Nations ☐ Inuit ☐ Metis ☐ Other ☐ Prefer to not disclose	YYYY / MMM / DD	Yes No	Yes No	
Name of client: Health Card Number: DOB: Address: Gender: Indigenous Heritage: ☐ First Nations ☐ Inuit ☐ Metis ☐ Other ☐ Prefer to not disclose	YYYY / MMM / DD	Yes No	Yes No	
Name of client: Health Card Number: DOB: Address: Gender: Indigenous Heritage: ☐ First Nations ☐ Inuit ☐ Metis ☐ Other ☐ Prefer to not disclose	YYYY / MMM / DD	Yes No	Yes No	
Name of client: Health Card Number: DOB: Address: Gender: Indigenous Heritage: ☐ First Nations ☐ Inuit ☐ Metis ☐ Other ☐ Prefer to not disclose	YYYY / MMM / DD	Yes No	Yes No	