BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Please Contact MLHU at (519) 663-5317 ext.9002~3 between 8:30AM to 7:00PM daily.

COVID19 Data Collection Form (HOME VISIT)

1. Client Information

Health Card No.:	**Family Doctor:**
Last Name:	
First Name:	
Date of Birth:	**Sex:** ☐ M ☐ F
Address:	
Postal Code:	**Client Phone No.:**

2. Organization

Name:

Contact:

3. Symptom(s)

Asymptomatic ☐

Date of symptom onset:

- ☐ Fever (≥37.8°C)
- ☐ Cough
- ☐ Sore Throat (ST)
- ☐ Shortness of Breath (SOB)
- ☐ Runny / Stuffy Nose (R/S N)
- ☐ Gastro-Intestinal (GI)
- ☐ Chest Pain / Tightness (C P/T)
- ☐ Headache (H/A)
- ☐ Neausea
- ☐ Loss of Appetite (LA)
- ☐ Loss of Energy (LE)
- ☐ Olfactory / Taste Disorder (O/T D)
- ☐ Other: Please Specify
- ☐ Malaise / Chills (M/C)
- ☐ Myalgia / Muscle Pain (M/M)
- ☐ Arthralgia / Joint Pain (A/J)
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Abdominal Pain (AP)
- ☐ Sputum Production (SP)
- ☐ Hoarse Voice (HV)
- ☐ Difficulty Swallowing (DS)
- ☐ Pneumonia
- ☐ Fatigue / Prostration (F/P)
- ☐ Conjunctivitis

4. Prn-Medication Required

☐ Yes ☐ No

5. Exposure History

Exposure to probable, or confirmed case?	☐ Yes	☐ No	☐ Unknown
Sustained Contact Over 1 hour?	☐ Yes	☐ No	☐ Unknown

Exposure details:

6. Close Contact

Does staff provide personal care?	☐ Yes	☐ No
If "Yes", Name(s):		
Is resident in a shared bedroom?	☐ Yes	☐ No
If "Yes", Name(s):		

7. Substitute Decision Maker or Power of Attorney

Not Applicable ☐

Aware Swab Happening and agreed to swab	☐ Yes	☐ No	☐ Unknown

Signature:

Additional Information:

CONFIDENTIAL WHEN COMPLETED: The personal health information is collected under the authority of the Personal Health Information Protection Act. S 36(1)(c)(iii) for the purpose of collecting public health information.

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