

POSITIVE RAPID/POC TEST REPORT

This form is to be completed IN FULL for any positive Rapid, or Point of Care COVID tests only.
Please fax the completed form as below.



CONFIDENTIAL TBDHU ID DEPARTMENT FAX: 807-625-4822

Regular office hours are Monday to Friday 8:30 a.m. to 4:30 p.m.

After hours, weekends & statutory holidays please fax the completed form **AND** call 807-623-7451. The answering service will notify the person on-call.

CLIENT INFORMATION					
Surname:		First Name:		Gender:	
Telephone #:		DOB:		Health Card:	
Address:		City:		Postal Code:	
Name of Parent/Contact person (if applicable):		Cell #:		Work #:	

TESTING INFORMATION				
Date test completed		Confirmatory test sent	Yes	No
Testing location		If no, was client referred for confirmatory PCR	Yes	No
Location phone #		Date of testing appointment if known		
Type of Test	PCR	Specimen Source (i.e. nasal, throat, etc.)		
Brand Name of Test				
Organization providing test:				
Name and contact information:				
Is the individual symptomatic?:	Yes	No		
If yes, describe symptoms:				
Does the individual have a confirmed exposure:	Yes	No		
If yes, please describe:				
Is client immunized?:	Yes	No		
	Dates:	Dose 1:		Dose 2:

PRECAUTIONS	
Individuals testing positive should be instructed to self-isolate in their home away from other family members as able Please see fact sheet publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-how-to-self-isolate.pdf?la=en	
Current isolation location	