

COVID-19 Positive Rapid Antigen Testing (RAT) Reporting Form

This form is to be completed to report positive Rapid Antigen Testing (RAT) for individuals who work, volunteer, live, or are admitted to a highest risk setting*.

Please complete this form and fax to Infectious Diseases Program at 705-360-7324.

| Role: | □ нсw | | ☐ Staff | ☐ Voluntee | er/Visitor | Resident | ☐ Patient |
|---|----------------------------------|-------------|-------------|-------------|---------------------------------------|-----------|-----------|
| Hospitalized: | ☐ Yes: Admitted to Floor: | hospital: _ | | _ | □ No | | |
| Name: | | | | | | | |
| Date of Birth: | | | | | Ontario Hea | Ith Card: | |
| Address: | | | | | I | | |
| Telephone: | | | | | | | |
| Reason for testing: | ☐ Symptomatic ☐ Surveillance | | | | ☐ Other: | | |
| Collection Date: | ☐ Close cor | ntact | ☐ Test to w | ork | Collection Ti | me: | |
| Test Result: | | | | | | | |
| Symptoms: | ☐ Fever or chills | | | | ☐ Decreased or loss of taste or smell | | |
| | ☐ Cough | | | | ☐ Other: | | |
| | ☐ Shortness of breath | | | | | | |
| Symptom Onset Date: | | | | | | | |
| Individual notified of re | | | | | | | |
| | | ☐ Yes [| | | | | |
| Individual in isolation? | | ☐ Yes ☐ No | | | | | |
| Sample also sent for PCR testing? | | ☐ Yes ☐ No | | | | | |
| Name/Address/Telephone Number of Highest Risk Setting: | | | | | | | |
| Name of Facility: | | | | | | | |
| Address: | | | | | | | |
| Telephone: | | | | | | | |
| Name and Designation of person reporting positive test: | | | | | | | |
| Print Name: | | | | Designation | ո։ | | |

Note:

- Confirmatory PCR testing is not necessary. Please ensure that any *staff or volunteer* who tests positive on a rapid antigen test is excluded from the workplace and advised to self-isolate immediately.
- Please ensure any *resident* who tests positive in the facility is isolated immediately along with any close contacts in the facility pending further information from the Porcupine Health Unit.
- Highest risk settings should notify the Porcupine Health Unit when an outbreak is suspected or confirmed.

^{*} Highest risk settings include retirement homes, long term care homes, First Nation elder care lodges, hospices, hospitals, and congregate living settings (e.g. shelter, group home, or correctional facility)