

* CASE ACCESSION NUMBER	INVESTIGATION ID	ADDITIONAL ACCESSION NUMBERS (COMMA SEPARATED)
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CORONAVIRUS DISEASE 2019 (COVID-19) INVESTIGATION

CASE FORM

FORM UPDATES: _____ (YYYY-MM-DD) _____ (YYYY-MM-DD)
 CIRCLE AND INITIAL CHANGES ON FORM IN DARK PEN OR PENCIL SO UPDATED INFORMATION CAN BE DISTINGUISHED.

I. CASE IDENTIFICATION

investigation quick entry > client details
 full features: subject > client details > client demographics

1. *LAST NAME		2. *FIRST NAME		3. *DATE OF BIRTH <small>YYYY - MM - DD</small>	
4. ALTERNATE LAST NAME			5. ALTERNATE FIRST NAME		
6. *SEX <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> INTERSEX <input type="radio"/> UNKNOWN		7. *REGISTRATION NUMBER (FORMER MHSC) <small>6 DIGITS</small>		8. *HEALTH NUMBER (PHIN) <small>9 DIGITS</small>	
10. *ADDRESS AT TIME OF DIAGNOSIS → <input type="checkbox"/> ADDRESS IN FIRST NATION COMMUNITY				9. ADDITIONAL ID <small>SPECIFY TYPE</small>	
11. *CITY/TOWN/VILLAGE		12. *PROVINCE/TERRITORY		13. *POSTAL CODE <small>A#A #A#</small>	
14. *PHONE NUMBER <small>### - ### - ####</small>		15. *RACIAL/ETHNIC IDENTITY (VOLUNTARY, SELF-REPORTED) <input type="checkbox"/> AFRICAN <input type="checkbox"/> BLACK <input type="checkbox"/> CHINESE <input type="checkbox"/> DECLINED <input type="checkbox"/> FILIPINO <input type="checkbox"/> LATIN AMERICAN <input type="checkbox"/> NORTH AMERICAN INDIGENOUS <input type="checkbox"/> OTHER (SPECIFY): <input type="checkbox"/> SOUTH ASIAN <input type="checkbox"/> SOUTHEAST ASIAN <input type="checkbox"/> WHITE			
16. *INDIGENOUS IDENTITY DECLARATION (VOLUNTARY, SELF-REPORTED) <input type="checkbox"/> FIRST NATIONS <input type="checkbox"/> MÉTIS <input type="checkbox"/> INUIT <input type="checkbox"/> DECLINED		17. *FIRST NATIONS STATUS (VOLUNTARY, SELF-REPORTED) <input type="radio"/> STATUS <input type="radio"/> NON-STATUS <input type="radio"/> DECLINED		MHSU USE ONLY	
18. ALTERNATE LOCATION INFORMATION (IF ANY)					

REI COLLECTION SCRIPT: <https://sharedhealthmb.ca/files/covid-19-rei-script.pdf>

II. INVESTIGATION INFORMATION

investigation quick entry > disease details
 full features: investigation > investigation details > investigation information or resp. org/investigator

19. *INVESTIGATION DISPOSITION		<input type="radio"/> FOLLOW-UP COMPLETE <input type="radio"/> UNABLE TO COMPLETE INTERVIEW <input type="radio"/> PENDING			
20. *RESPONSIBLE ORGANIZATION (PRIMARY)		<input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC			
21. OTHER ORGANIZATIONS INVOLVED		<input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC <input type="radio"/> DND			
22. SENSITIVE ENVIRONMENT / OCCUPATION					
<input type="checkbox"/> ANIMAL HANDLER (FARMER, VET, ABBATOIR, ETC.) <input type="checkbox"/> CHILD CARE (WORK/VOLUNTEER/ATTENDEE) <input type="checkbox"/> CORRECTIONAL CENTER (RESIDENT) <input type="checkbox"/> CORRECTIONAL CENTER (WORK/VOLUNTEER) <input type="checkbox"/> FOOD HANDLER (WORK/VOLUNTEER) <input type="checkbox"/> OTHER CONGREGATE SETTING (WORK/VOLUNTEER/RESIDENT, SPECIFY)		<input type="checkbox"/> EDUCATION (STUDENT) <input type="checkbox"/> EDUCATION (WORK/VOLUNTEER) <input type="checkbox"/> HEALTH CARE FACILITY (RESIDENT/PATIENT) <input type="checkbox"/> HEALTH CARE FACILITY (WORK/VOLUNTEER) <input type="checkbox"/> LABORATORY WORKER		<input type="checkbox"/> PERSONAL CARE HOME (RESIDENT) <input type="checkbox"/> PERSONAL CARE HOME (WORK/VOLUNTEER) <input type="checkbox"/> SHELTER (RESIDENT) <input type="checkbox"/> SHELTER (WORK/VOLUNTEER)	
SENSITIVE ENVIRONMENT/ OCCUPATION DETAILS (SPECIFY FOR ALL CASES)					

PLEASE REVIEW APPENDIX A OF [USER GUIDE] FOR FURTHER DETAILS AROUND PHIMS DATA ENTRY

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III. INFECTION INFORMATION

investigation quick entry > disease details
full features: investigation > investigation details > disease summary

23. DISEASE: <input type="checkbox"/> COVID-19	24. * CASE CLASSIFICATION	<input type="radio"/> LAB CONFIRMED	<input type="radio"/> PROBABLE	<input type="radio"/> NOT A CASE
25. *MOST LIKELY ACQUISITION TYPE (STAGING)				
<input type="radio"/> TRAVEL ACQUIRED				
<input type="radio"/> CLOSE CONTACT OF KNOWN CASE				
<input type="radio"/> UNKNOWN				

IV. SIGNS AND SYMPTOMS

investigation quick entry > signs & symptoms
full features: investigation > signs & symptoms

26. *SYMPTOM ONSET	<input type="radio"/> ASYMPTOMATIC	<input type="radio"/> SYMPTOMATIC	* EARLIEST SYMPTOM ONSET DATE (OR TEST DATE IF ASYMPTOMATIC) YYYY-MM-DD	ONSET TIME (IF APPLICABLE) HH:MM	ESTIMATED
27. *SIGNS AND SYMPTOMS (CHECK ALL SYMPTOMS PRESENT AT TIME OF INTERVIEW)					
<input type="checkbox"/> ACUTE RESPIRATORY DISTRESS SYNDROME	<input type="checkbox"/> CHILLS	<input type="checkbox"/> CONFUSION, ALTERED MENTAL STATE	<input type="checkbox"/> PINK EYE (CONJUNCTIVITIS)	<input type="checkbox"/> COUGH, DRY	<input type="checkbox"/> COUGH, PRODUCTIVE
<input type="checkbox"/> DIARRHEA	<input type="checkbox"/> DIFFICULTY FEEDING (INFANTS)	<input type="checkbox"/> FATIGUE	<input type="checkbox"/> FEVER (>38 °C)	<input type="checkbox"/> HEADACHE	<input type="checkbox"/> LOSS OF APPETITE
<input type="checkbox"/> LOSS OF SMELL (ANOSMIA)	<input type="checkbox"/> LOSS OF TASTE (AGEUSIA)	<input type="checkbox"/> MUSCLE PAIN (MYALGIA)	<input type="checkbox"/> PNEUMONIA	<input type="checkbox"/> RUNNY NOSE	<input type="checkbox"/> RASH, UNSPECIFIED
<input type="checkbox"/> SHORTNESS OF BREATH	<input type="checkbox"/> SORE THROAT	<input type="checkbox"/> VOMITING	<input type="checkbox"/> OTHER	SPECIFY	

V. RISK FACTOR INFORMATION

investigation quick entry > risk factors
full features: subject > risk factors

COMPLETE THE FOLLOWING AND SPECIFY DETAILS WHERE REQUESTED. FOR EXPOSURES (28- 34), PROVIDE A BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI.	YES	NO	UNKNOWN	DECLINED TO ANSWER	NOT ASKED
28. * CONTACT OF A NEW OR PREVIOUSLY DIAGNOSED CASE (CONFIRMED OR PROBABLE, WITHIN 14 DAYS OF SYMPTOM ONSET) PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. * EXPOSURE SETTING LOCATION: OTHER PROVINCE IN CANADA (WITHIN 14 DAYS OF SYMPTOM ONSET) PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. * EXPOSURE SETTING LOCATION: OUTSIDE CANADA (WITHIN 14 DAYS OF SYMPTOM ONSET) PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. OTHER RISK FACTOR <input type="checkbox"/> SMOKING <input type="checkbox"/> VAPING <input type="checkbox"/> OTHER (SPECIFY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. * OUTBREAK ASSOCIATED SPECIFY DETAILS AND/OR OUTBREAK CODE (e.g. OB20 ###, CL20 ###, SI20 ###) ADD OUTBREAK CODE <u>ONLY TO</u> : investigation > investigation details > disease summary > provincial outbreak code)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. *PREGNANT AT TIME OF DIAGNOSIS SPECIFY EDC: YYYY-MM-DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. *UNDERLYING ILLNESS <input type="checkbox"/> CARDIAC DISEASE <input type="checkbox"/> CHRONIC PULMONARY DISEASE <input type="checkbox"/> CHRONIC KIDNEY DISEASE <input type="checkbox"/> CHRONIC LIVER DISEASE <input type="checkbox"/> DIABETES <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> IMMUNOCOMPROMISED <input type="checkbox"/> OTHER (SPECIFY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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VI. ACQUISITION EXPOSURES
(POTENTIAL SOURCE OF THE INFECTION)

investigation quick entry > exposure summary > acquisition quick entry
full features: investigation > exposure summary > create acquisition event

INDICATE ALL SETTINGS WHERE THE CASE MAY HAVE ACQUIRED THE INFECTION.
IF TRAVEL-RELATED, LIST IN THIS TABLE AND SPECIFY DETAILS OF TRAVEL IN TABLE ON PAGE 6.
COPY THIS PAGE IF REQUIRED FOR ADDITIONAL SETTINGS.

WHEN COMPLETE, PLEASE MAKE OVERALL ASSESSMENT ON MOST LIKELY ACQUISITION TYPE IN SECTION III INFECTION INFORMATION.

FOR SCHOOLS AND CHILDCARE FACILITIES: DOCUMENT IF THE MOST LIKELY ACQUISITION WAS AT THE SCHOOL/CHILD CARE FACILITY. THE MOST LIKELY SOURCE OF ACQUISITION IS DETERMINED BY EXAMINING WHETHER THE CASE WAS EXPOSED BY DOCUMENTATION OF:

- CONTACT WITH A KNOWN CASE OUTSIDE THE SCHOOL SETTING
- TRAVEL
- A CONFIRMED OUTBREAK OUTSIDE THE SCHOOL SETTING

IF NONE OF THESE EXPOSURES ARE PRESENT AND THE CASE WAS SCHOOL-ASSOCIATED, TRANSMISSION WITHIN THE SCHOOL SHOULD BE ASSESSED AS POSSIBLE, AND THE MOST LIKELY EXPOSURE TICK BOX ON THE AE SHOULD BE CHECKED.

35. *SETTING TYPE	36. * EXPOSURE SETTING DETAILS (NAME/DESCRIPTION/LOCATION). PLEASE DOCUMENT ADDRESS- AT MINIMUM, STREET NAME (AND NUMBER IF AVAILABLE), CITY, AND PROVINCE.	37. *EXPOSURE START DATE YYYY-MM-DD	38. *EXPOSURE END DATE YYYY-MM-DD
PLEASE REFER TO APPENDIX B OF [USER GUIDE] FOR EXPOSURE SETTING TYPE AND EXPOSURE SETTING. IF TRAVEL, DOCUMENT ADDITIONAL DETAILS ON PAGE 6)			
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VII. INTERVENTIONS

investigation quick entry > interventions
full features: investigation > treatment and interventions > interventions summary

39. *INTERVENTION	40. *INTERVENTION SUB-TYPE	41. *START DATE (OR DATE OF EVENT) YYYY-MM-DD	42. *END DATE (IF APPLICABLE) YYYY-MM-DD	43. LOCATION / ADDRESS (IF APPLICABLE)
<input type="checkbox"/> ISOLATION	<input type="checkbox"/> FACILITY ISOLATION <input type="checkbox"/> HOME ISOLATION <input type="checkbox"/> SELF ISOLATION (OTHER LOCATION)			IF ISOLATION IS AT DIFFERENT ADDRESS THAN HOME
PHIMS REGIONS CAN REGULARLY MONITOR STATUS ASSESSMENTS IN PHIMS. FOR NON-PHIMS REGIONS, INCLUDE STATUS AT TIME OF FORM COMPLETION AND UPDATE ANYTIME THERE IS A CHANGE IN STATUS (E.G., CASE IS HOSPITALIZED OR CASE HAS RECOVERED).				
<input type="checkbox"/> STATUS ASSESSEMENT	<input type="checkbox"/> HOSPITALIZATION			
	<input type="checkbox"/> ICU			
	<input type="checkbox"/> MECHANICAL VENTILATION			
	<input type="checkbox"/> RECOVERED			
	<input type="checkbox"/> UNKNOWN			
ENTER COVID ALERT APP INFORMATION AS OF DATE OF INTERVIEW. DO NOT UPDATE AFTER INTERVIEW.		44. *OUTCOME		*START DATE YYYY-MM-DD
<input type="checkbox"/> APP	<input type="checkbox"/> COVID ALERT APP – POSITIVE KEY ENTRY	<input type="radio"/> COMPLETED - ISSUED KEY		INTERVIEW DATE
		<input type="radio"/> NOT COMPLETED - DECLINED TO ENTER KEY		INTERVIEW DATE
		<input type="radio"/> NOT APPLICABLE - APP NOT DOWNLOADED		INTERVIEW DATE
		<input type="radio"/> UNKNOWN - NOT ASKED		INTERVIEW DATE
<input type="checkbox"/> APP	<input type="checkbox"/> COVID ALERT APP – EXPOSURE NOTIFICATION	<input type="radio"/> COMPLETED - RECEIVED NOTIFICATION		DATE OF NOTIFICATION
		<input type="radio"/> NOT COMPLETED - DID NOT RECEIVE NOTIFICATION		INTERVIEW DATE
		<input type="radio"/> NOT APPLICABLE - APP NOT DOWNLOADED		INTERVIEW DATE
		<input type="radio"/> UNKNOWN - NOT ASKED		INTERVIEW DATE

VIII. IMMUNIZATION HISTORY INTERPRETATION

investigation quick entry > immunization history interpretation
full features: subject > immunization history interpretation

45. INTERPRETATION OF DISEASE IMMUNITY (AT TIME OF INVESTIGATION)
<input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN

IX. OUTCOMES AT TIME OF INVESTIGATION

investigation > outcomes

46. INVESTIGATION OUTCOME	47. INVESTIGATION OUTCOME DATE SPECIFY DATE OF DEATH (YYYY-MM-DD)
<input type="radio"/> FATAL	

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X. TRANSMISSION EXPOSURES - SETTINGS
 (POTENTIAL SPREAD TO CONTACTS DURING PERIOD OF COMMUNICABILITY)

investigation quick entry > transmission event quick entry
 full features: investigation > exposure summary > create transmission event

INDICATE ALL SETTINGS WHERE THE CASE MAY HAVE SPREAD THE INFECTION TO CONTACTS. IF TRAVEL-RELATED, LIST IN THIS TABLE AND SPECIFY DETAILS OF TRAVEL IN TABLE ON PAGE 6. COPY THIS PAGE IF REQUIRED FOR ADDITIONAL SETTINGS.

48. *SETTING #	49. *SETTING TYPE	50. *EXPOSURE SETTING DETAILS (NAME/DESCRIPTION/LOCATION)	51. *EXPOSURE START DATE YYYY-MM-DD	52. *EXPOSURE END DATE YYYY-MM-DD	53. *NUMBER OF CONTACTS FOR THIS SETTING
	PLEASE REFER TO APPENDIX B OF [USER GUIDE] FOR EXPOSURE SETTING TYPE AND EXPOSURE SETTING.				
	PLEASE REFER TO APPENDIX B OF [USER GUIDE] FOR EXPOSURE SETTING TYPE AND EXPOSURE SETTING.				
	PLEASE REFER TO APPENDIX B OF [USER GUIDE] FOR EXPOSURE SETTING TYPE AND EXPOSURE SETTING.				
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	PLEASE REFER TO APPENDIX B OF [USER GUIDE] FOR EXPOSURE SETTING TYPE AND EXPOSURE SETTING.				

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COMPLETE FOR ANY TRAVEL RELATED ACQUISITION EVENTS

**COMPLETE FOR ANY TRAVEL IN 14 DAYS PRIOR TO SYMPTOM ONSET. ALL DATES AND TIMES SHOULD BE LOCAL TIMES. REGIONS ARE RESPONSIBLE FOR VERIFYING TRAVEL DETAILS (I.E. FLIGHT DETAILS) TO ENSURE THEY ARE CORRECT.
COPY THIS PAGE IF MORE ROOM NEEDED.**

CRUISE	NAME OF CRUISESHIP	ORIGIN AND DESTINATION	ROOM NUMBER	SAILING DATES	OTHER NOTES
PLANE	AIRLINE AND FLIGHT NUMBER	ORIGIN AND DESTINATION	ROW AND SEAT NUMBER	DATES/TIMES	OTHER NOTES
CONFERENCE/EVENT	NAME OF EVENT / EVENT SPACE		LOCATION	DATES/TIMES	OTHER NOTES
ACCOMMODATION	NAME OF HOTEL / RESIDENCE		LOCATION	DATES/TIMES	OTHER NOTES
OTHER MODE OF TRANSPORTATION	NAME OF OPERATOR		ITINERARY	DATES/TIMES	OTHER NOTES

COMPLETE FOR ANY TRAVEL RELATED TRANSMISSION EVENTS

**COMPLETE FOR ANY TRAVEL DURING THE PERIOD OF COMMUNICABILITY. ALL DATES AND TIMES SHOULD BE LOCAL TIMES. REGIONS ARE RESPONSIBLE FOR VERIFYING TRAVEL DETAILS (I.E. FLIGHT DETAILS) TO ENSURE THEY ARE CORRECT.
COPY THIS PAGE IF MORE ROOM NEEDED.**

CRUISE	NAME OF CRUISESHIP	ORIGIN AND DESTINATION	ROOM NUMBER	SAILING DATES	OTHER NOTES
PLANE	AIRLINE AND FLIGHT NUMBER	ORIGIN AND DESTINATION	ROW AND SEAT NUMBER	DATES/TIMES	OTHER NOTES
CONFERENCE/EVENT	NAME OF EVENT / EVENT SPACE		LOCATION	DATES/TIMES	OTHER NOTES
ACCOMMODATION	NAME OF HOTEL / RESIDENCE		LOCATION	DATES/TIMES	OTHER NOTES
OTHER MODE OF TRANSPORTATION	NAME OF OPERATOR		ITINERARY	DATES/TIMES	OTHER NOTES

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XI. CONTACTS

COMPLETE THIS FORM FOR IN-REGION CONTACTS.
(COPY PAGE IF REQUIRED)

investigation quick entry > exposure summary > create
 transmission event > known contacts
 contact investigation > disposition / intervention

SUBMIT CONTACTS AFTER CLIENT HAS BEEN CONTACTED, EDUCATED, AND CONTACT DETAILS ARE CONFIRMED. THIS INFORMATION MUST BE ACCURATE FOR PURPOSES OF LOCATING CLIENT IN PHIMS IN ORDER TO FACILITATE CALL CENTRE OPERATIONS.

54. *SETTING # (FROM PREVIOUS PAGE)	55. *CONTACT PERSONAL INFORMATION	56. *EXPOSURE START AND END DATES YYYY-MM-DD	57. *INTERVENTION AND DISPOSITION OF SYMPTOM MONITORING	58. *INTERVENTION START AND END DATES YYYY-MM-DD	59. INTERVENTIONS /NOTES
	NAME: PHIN: DOB/AGE: ADDRESS: ADDRESS DURING ISOLATION: PHONE: ALTERNATE PHONE NUMBER:	START DATE	<input type="checkbox"/> ISOLATION <input type="checkbox"/> FACILITY ISOLATION <input type="checkbox"/> HOME ISOLATION <input type="checkbox"/> SELF ISOLATION (OTHER LOCATION)	START DATE	
		END DATE	DISPOSITION: <input type="checkbox"/> FOLLOW-UP PERFORMED BY REGION <input type="checkbox"/> FOLLOW-UP PERFORMED BY CALL CENTRE <input type="checkbox"/> FOLLOW UP COMPLETE	END DATE	
	NAME: PHIN: DOB/AGE: ADDRESS: ADDRESS DURING ISOLATION: PHONE: ALTERNATE PHONE NUMBER:	START DATE	<input type="checkbox"/> ISOLATION <input type="checkbox"/> FACILITY ISOLATION <input type="checkbox"/> HOME ISOLATION <input type="checkbox"/> SELF ISOLATION (OTHER LOCATION)	START DATE	
		END DATE	DISPOSITION: <input type="checkbox"/> FOLLOW-UP PERFORMED BY REGION <input type="checkbox"/> FOLLOW-UP PERFORMED BY CALL CENTRE <input type="checkbox"/> FOLLOW UP COMPLETE	END DATE	
	NAME: PHIN: DOB/AGE: ADDRESS: ADDRESS DURING ISOLATION: PHONE: ALTERNATE PHONE NUMBER:	START DATE	<input type="checkbox"/> ISOLATION <input type="checkbox"/> FACILITY ISOLATION <input type="checkbox"/> HOME ISOLATION <input type="checkbox"/> SELF ISOLATION (OTHER LOCATION)	START DATE	
		END DATE	DISPOSITION: <input type="checkbox"/> FOLLOW-UP PERFORMED BY REGION <input type="checkbox"/> FOLLOW-UP PERFORMED BY CALL CENTRE <input type="checkbox"/> FOLLOW UP COMPLETE	END DATE	

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XII. *REPORTER INFORMATION (IF NOT RESPONSIBLE REGIONAL PUBLIC HEALTH OFFICE)

investigation > investigation details >
investigation > investigation details > close investigation

60. FORM COMPLETED BY (PRINT NAME) PHONE NUMBER: 63. SIGNATURE	61. FACILITY NAME / ADDRESS / PHONE NUMBER 65. ORGANIZATION (IF APPLICABLE) <input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC	62. TYPE OF ORGANIZATION SUBMITTING <input type="radio"/> PERSONAL CARE HOME <input type="radio"/> OCCUPATIONAL HEALTH <input type="radio"/> INFECTION PREVENTION AND CONTROL <input type="radio"/> OTHER, SPECIFY: REPORTER USE ONLY STAMP HERE
YYYY-MM-DD		

XIII. *RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY (PRIMARY INVESTIGATOR)

investigation > investigation details > close investigation

66. FORM COMPLETED BY (PRINT NAME)	67. SIGNATURE	68. FORM COMPLETION DATE YYYY-MM-DD
69. FORM REVIEWED BY (PRINT NAME)	70. FORM REVIEWED DATE YYYY-MM-DD	REPORTER USE ONLY
71. INVESTIGATION STATUS <input type="radio"/> ONGOING <input type="radio"/> CLOSED TO THE REGION	72. ORGANIZATION <input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC	STAMP HERE

PLEASE SUBMIT THIS INVESTIGATION FORM BY SECURED FAX TO THE SURVEILLANCE UNIT AT MANITOBA HEALTH. AFTER HOURS EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES: (204) 788-8666.

THIS FORM IS ALSO AVAILABLE FOR DOWNLOAD IN A FILLABLE PDF FORMAT AT <http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>

A USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES AND INSTRUCTIONS FOR THIS FORM ARE AVAILABLE FOR DOWNLOAD AT <http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>

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