

* CASE ACCESSION NUMBER OR CASE INVESTIGATION ID <input type="checkbox"/> CASE NOT IDENTIFIED	CASE SPECIMEN COLLECTION DATE	TRANSMISSION EVENT ID
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CORONAVIRUS DISEASE 2019 (COVID-19) CONTACT INVESTIGATION FORM

CONTACT FORM

(FOR CONTACTS TO OUT-OF-PROVINCE CASES OR CASE UNKNOWN, AND CONTACT REFERRALS BETWEEN REGIONS OR OUTSIDE MANITOBA)



FOR MANITOBA CONTACTS, SUBMIT CONTACT 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.

I. CONTACT IDENTIFICATION

subject > client details > personal information

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>
		9. ALTERNATE ID <small>SPECIFY TYPE OF ID</small>
10. *ADDRESS AT TIME OF DIAGNOSIS → <input type="checkbox"/> ADDRESS IN FIRST NATION COMMUNITY		11. *CITY/TOWN/VILLAGE
12. *PROVINCE/TERRITORY		13. *POSTAL CODE <small>A#A #A#</small>
14. *PHONE NUMBER <small>### - ### - ####</small>		15. ALTERNATIVE PHONE NUMBER <small>### - ### - ####</small>

II. INVESTIGATION INFORMATION

investigation > investigation details > investigation information
investigation > investigation details > resp. org/investigator

16. * INVESTIGATION DISPOSITION	<input type="radio"/> FOLLOW-UP COMPLETE <input type="radio"/> UNABLE TO COMPLETE INTERVIEW <input type="radio"/> PENDING
17. * 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
18. OTHER ORGANIZATIONS INVOLVED	<input type="checkbox"/> WRHA <input type="checkbox"/> NRHA <input type="checkbox"/> PMH <input type="checkbox"/> SH-SS <input type="checkbox"/> IERHA <input type="checkbox"/> FNIHB <input type="checkbox"/> CSC <input type="checkbox"/> DND

III. INFECTION INFORMATION

investigation > investigation details > disease summary

19. CONTACT TO: <input type="checkbox"/> CASE OF COVID-19

IV. SIGNS AND SYMPTOMS

investigation > signs & symptoms

<input type="radio"/> *ASYMPTOMATIC <input type="radio"/> *SYMPTOMATIC	*ONSET DATE IF SYMPTOMATIC (refer as Person Under Investigation)	<small>YYYY-MM-DD</small>
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V. ACQUISITION EXPOSURE

(INDICATE THE SETTING WHERE THE CONTACT WAS EXPOSED TO THE INFECTION)

investigation > exposure summary > create acquisition event

20. *SETTING TYPE	21. *EXPOSURE SETTING DETAILS (NAME/DESCRIPTION/LOCATION)	22. *EXPOSURE START DATE <small>YYYY-MM-DD</small>	23. *EXPOSURE END DATE <small>YYYY-MM-DD</small>
<input type="checkbox"/> TRAVEL <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD			

* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.

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VI. INTERVENTIONS

investigation > treatment and intervention > interventions summary

24. *INTERVENTION	25. *DISPOSITION OF SYMPTOM MONITORING	26. *INTERVENTION START DATE YYYY-MM-DD	27. *INTERVENTION END DATE YYYY-MM-DD	28. ADDRESS DURING ISOLATION
<input type="checkbox"/> ISOLATION <input type="checkbox"/> FACILITY ISOLATION <input type="checkbox"/> HOME ISOLATION <input type="checkbox"/> SELF ISOLATION (OTHER LOCATION)	<input type="checkbox"/> FOLLOW-UP PERFORMED BY REGION <input type="checkbox"/> FOLLOW UP PERFORMED BY CALL CENTRE			

VIII. RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY

investigation > investigation details > close investigation

29. FORM COMPLETED BY (PRINT NAME)	30. SIGNATURE	31. FORM COMPLETION DATE YYYY-MM-DD
32. FORM REVIEWED BY (PRINT NAME)	33. FORM REVIEWED DATE YYYY-MM-DD	RHA USE ONLY
34. INVESTIGATION STATUS <input type="radio"/> ONGOING <input type="radio"/> CLOSED TO THE REGION	35. 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 OR COURIER 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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