

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

# CONTACT FORM

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

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. CONTACT IDENTIFICATION

subject > client details > personal information

1. * LAST NAME	2. * FIRST NAME	3. * DATE OF BIRTH  YYYY - MM - DD
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)  6 DIGITS	8. *HEALTH NUMBER (PHIN)  9 DIGITS
9. ADDITIONAL ID  SPECIFY TYPE OF ID		
10. *ADDRESS AT TIME OF IDENTIFICATION → <input type="checkbox"/> ADDRESS IN FIRST NATION COMMUNITY		11. *CITY/TOWN/VILLAGE
12. *PROVINCE/TERRITORY	13. *POSTAL CODE  A#A #A#	
14. *PHONE NUMBER  ### - ### - ####	MHSU USE ONLY	
15. ALTERNATIVE PHONE NUMBER  ### - ### - ####		

## 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:  CASE OF COVID-19

## IV. SIGNS AND SYMPTOMS

investigation > signs & symptoms

\*ASYMPTOMATIC  \*SYMPTOMATIC  \*ONSET DATE IF SYMPTOMATIC (refer as Person Under Investigation) YYYY-MM-DD

## V. ACQUISITION EXPOSURE

(INDICATE THE SETTING WHERE THE CONTACT WAS EXPOSED TO THE INFECTION) investigation > exposure summary > create acquisition event

20. *IF LINK WITH KNOWN CASE: SETTING # (FROM CASE FORM)	21. *SETTING TYPE  <input type="checkbox"/> TRAVEL <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD	22. *EXPOSURE SETTING DETAILS (NAME/DESCRIPTION/LOCATION)	23. *EXPOSURE START DATE YYYY-MM-DD	24. *EXPOSURE END DATE YYYY-MM-DD

\* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.  
 MHSU-6684 (2021-01-13) – COVID-19 CONTACT INVESTIGATION FORM  
 MHSAL- SURVEILLANCE UNIT: 4073H – 300 CARLTON ST. WINNIPEG, MB  
 CONFIDENTIAL FAX 204-948-3044



* CASE ACCESSION NUMBER OR CASE INVESTIGATION ID	TRANSMISSION EVENT ID	CONTACT NAME OR INITIALS	CONTACT PHIN
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**VI. INTERVENTIONS**

25. <b>*INTERVENTION</b>	26. <b>*DISPOSITION OF SYMPTOM MONITORING</b>	27. <b>ADDRESS DURING ISOLATION</b> (If different from address at time of diagnosis)	28. <b>*INTERVENTION START DATE</b> YYYY-MM-DD	29. <b>*INTERVENTION END DATE</b> YYYY-MM-DD
<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 <input type="checkbox"/> FOLLOW UP COMPLETE			
ENTER COVID ALERT APP INFORMATION AS OF DATE OF INTERVIEW. DO NOT UPDATE AFTER INTERVIEW.	30. <b>OUTCOME</b>		<b>*INTERVENTION START DATE</b> YYYY-MM-DD	
<input type="checkbox"/> APP <input type="checkbox"/> COVID ALERT APP – EXPOSURE NOTIFICATION	COMPLETED - RECEIVED NOTIFICATION		DATE OF NOTIFICATION	
	NOT COMPLETED - DID NOT RECEIVE NOTIFICATION		INTERVIEW DATE	
	NOT APPLICABLE - APP NOT DOWNLOADED		INTERVIEW DATE	
	UNKNOWN - NOT ASKED		INTERVIEW DATE	

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

investigation > investigation details > reporting notifications  
 investigation > investigation details > close investigation

31. <b>FORM COMPLETED BY (PRINT NAME)</b>	32. <b>FACILITY NAME / ADDRESS / PHONE NUMBER</b>	33. <b>TYPE OF ORGANIZATION SUBMITTING</b> <input type="checkbox"/> PERSONAL CARE HOME <input type="checkbox"/> OCCUPATIONAL HEALTH <input type="checkbox"/> INFECTION PREVENTION AND CONTROL <input type="checkbox"/> OTHER, SPECIFY: <b>REPORTER USE ONLY</b>
PHONE NUMBER:		
34. <b>SIGNATURE</b>	36. <b>ORGANIZATION (IF APPLICABLE)</b> <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	STAMP HERE
35. <b>FORM COMPLETION DATE:</b> YYYY-MM-DD		

**VIII. RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY**

investigation > investigation details > close investigation

37. <b>FORM COMPLETED BY (PRINT NAME)</b>	38. <b>SIGNATURE</b>	39. <b>FORM COMPLETION DATE</b> YYYY-MM-DD
40. <b>FORM REVIEWED BY (PRINT NAME)</b>	41. <b>FORM REVIEWED DATE</b> YYYY-MM-DD	<b>RHA USE ONLY</b>
42. <b>INVESTIGATION STATUS</b> <input type="checkbox"/> ONGOING <input type="checkbox"/> CLOSED TO THE REGION	43. <b>ORGANIZATION</b> <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	

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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