



## Coronavirus Disease (COVID-19) Case Report Form

**Section 1: Case Protected Information - Local / Provincial / Territorial use only –  
Do not forward this section to PHAC**

CASE Information	PROXY Information
Last name:	Is respondent a proxy? (e.g. for deceased patient, child)
First name:	No            Yes (complete information below)
Usual residential address:	Last name:
City:                                  Province/Territory:	First name:
Postal code:                        Local Health Region:	Relationship to case:
Phone number #1:	Phone number #1:
Phone number #2:	Phone number #2:
Date of Birth (dd/mm/yyyy)	
Local Case ID:	
P/T Case ID:	
<b>Contact information for person reporting</b>	
First and Last Names:	
Telephone #:	
Email:	

### Instructions for Completion

- This form is to be used by medical professionals only for the reporting of probable and confirmed cases to their local or provincial health authorities via secure methods.
- If you are a member of the public who has concerns about COVID-19 please visit: [canada.ca/coronavirus](https://canada.ca/coronavirus)
- Please complete as much detail as possible on this form at the time of the initial report.
- It is not expected that all fields will be completed during the initial report, but that updates will be made when information becomes available.

#### Instructions to local public health authorities

- **Reporting:** Please report cases using normal local/provincial/territorial methods
- **Travel:** Local and Provincial public health authorities can request manifests from the conveyance operators directly, if needed.

#### Instructions to provincial / territorial public health authorities

- **Reporting of probable and confirmed cases:** Please report cases using the secure methods established between PHAC and provincial and territorial partners.

P/T Case ID\*:

P/T Person ID\*\*:

Reported Date: (DD/MM/YYYY):

\* Refers to a unique case ID for each infection

\*\* Refers to an ID assigned to a specific individual, which would remain the same even when a case develops a re-infection

**Administrative Information**

Initial report

Updated report

**Reporting Province/Territory**

BC AB SK MB ON QC NB NS PE NL YK NT NU

**Surveillance Case Classification (refer to national case definition)**

Confirmed

Probable

**Reinfection**

Laboratory-based reinfection: Yes No Unknown Time-based reinfection: Yes No Unknown

If reinfection (laboratory OR time-based), previous P/T Case ID\* :

\*P/T case ID assigned for the previous infection

**Case Details**

Health region:

Forward sortation area (first three letters/digits of residential postal code):

Sex assigned at birth\*: Male Female Intersex Unknown

\*A set of biological attributes in humans and animals assigned at birth. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy.

Age:

years  
months

Gender\*: Male Female Another gender Unknown

\*Refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people.

**Race\* (check all that apply):**

- Black (e.g. African, Afro-Caribbean, African Canadian descent)
- East/Southeast Asian (e.g. Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- Indigenous (e.g. First Nations, Inuk/Inuit, Métis descent)
- Latino (e.g. Latin American, Hispanic descent)
- Middle Eastern (e.g. Arab, Persian, West Asian descent – i.e. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
- South Asian (e.g. South Asian descent – i.e. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
- White (e.g. European descent)
- Other, specify:
- Not asked
- Prefer not to answer
- Unknown

\*Indicates the population group to which the case most closely identifies

If Indigenous, indicate which Indigenous identity the case self-identifies as:

- First Nations
- Métis (includes member of a Métis organization or Settlement)
- Inuk/Inuit
- Other Indigenous, specify:
- Not asked
- Prefer not to answer
- Unknown

Does the case reside in a First Nations Community (on-reserve or Crown land) or Inuit Community?

Yes No Prefer not to answer Unknown

**Occupation****Is the case currently a healthcare worker?**

(Any role in a private or public health care setting, including employee, volunteer, student.)

Yes No Unknown Not asked

**Is the case a rotational worker\* (travel outside of the province/territory for work)?**

\* A worker whose shifts rotate or change according to a set schedule. This includes workers who work in remote or isolated regions at worksites that employ a fly-in-fly-out (FIFO) or drive-in-drive-out (DIDO) model (e.g., oil sands or mine workers).

Yes No Unknown Not asked

**Is the case a temporary foreign worker\*?**

\* Individuals who are neither a Canadian citizen nor a permanent resident who work in Canada.

Yes No Unknown Not asked

**Symptoms**

Symptom Onset Date (DD/MM/YYYY):

Case is asymptomatic at time of report

**Pre-existing Conditions and Risk Factors**

Condition or Risk Factor	Yes	No	Unknown	Not asked
Pregnancy				

**Clinical Course and Outcomes**

Admitted to the hospital as a result of their illness (does not include ER visits): Yes No Unknown

If hospitalized, was the case admitted to intensive care unit (ICU): Yes No Unknown

Deceased: Yes No Unknown

If the case is deceased, was COVID-19 the cause of death or a contributing factor?: Yes No Unknown

Indicate cause of death (as listed on death certificate):

Death Date (DD/MM/YYYY):

**Exposures**

If the case was exposed to a known outbreak in the 14 days prior to symptom onset\*, **outbreak ID (assigned by the PT):**

\* If asymptomatic, refer to date of collection of the positive lab specimen

**COVID-19 Outbreak:** Two or more test-confirmed\*\* cases of COVID-19 epidemiologically linked to a specific setting and/or location. Excluding households, since household cases may not be declared or managed as an outbreak if the risk of transmission is contained. This definition also excludes cases that are geographically clustered (e.g., in a region, city, or town) but not epidemiologically linked, and cases attributed to community transmission.

\*\*Test-confirmed would include positive COVID-19 results from NAAT or RAT methods.

**Laboratory Information**

**Specimen collection date (DD/MM/YYYY):**

**Test result date (DD/MM/YYYY):**

**Type of test used:**    Laboratory-based NAAT    Serology    POC NAAT    POC Antigen test    Other

**Lab name:**

**Lab specimen ID:**

**Has sequencing been completed?**    Yes    No    Unknown

**Has a variant of concern, variant of interest or other mutation of interest been identified?**    Yes    No    Unknown

**Variant Screening Result:**

**Variant Sequencing Result:**

## Vaccination Information

Did the case receive vaccination for COVID-19? Yes No Unknown

Dose number (order by date administered)	Date administered (DD/MM/YYYY)	Vaccine received		
Dose 1		Moderna Spikevax (Original) Moderna Spikevax (Original, Pediatric) Moderna Spikevax BA.1 (Bivalent) Moderna Spikevax BA.4/5 (Bivalent) Moderna Spikevax XBB.1.5 (Monovalent)	Pfizer-BioNTech Comirnaty (Original) Pfizer-BioNTech Comirnaty (Original, Pediatric) Pfizer-BioNTech Comirnaty BA.1 (Bivalent) Pfizer-BioNTech Comirnaty BA.4/5 (Bivalent) Pfizer-BioNTech Comirnaty XBB.1.5 (Monovalent)	AstraZeneca Vaxzevria Novavax Nuvaxovid (original) Novavax Nuvaxovid XBB.1.5 (monovalent) Janssen Jcovden Unknown Other, specify:
Dose 2		Moderna Spikevax (Original) Moderna Spikevax (Original, Pediatric) Moderna Spikevax BA.1 (Bivalent) Moderna Spikevax BA.4/5 (Bivalent) Moderna Spikevax XBB.1.5 (Monovalent)	Pfizer-BioNTech Comirnaty (Original) Pfizer-BioNTech Comirnaty (Original, Pediatric) Pfizer-BioNTech Comirnaty BA.1 (Bivalent) Pfizer-BioNTech Comirnaty BA.4/5 (Bivalent) Pfizer-BioNTech Comirnaty XBB.1.5 (Monovalent)	AstraZeneca Vaxzevria Novavax Nuvaxovid (original) Novavax Nuvaxovid XBB.1.5 (monovalent) Janssen Jcovden Unknown Other, specify:
Dose 3		Moderna Spikevax (Original) Moderna Spikevax (Original, Pediatric) Moderna Spikevax BA.1 (Bivalent) Moderna Spikevax BA.4/5 (Bivalent) Moderna Spikevax XBB.1.5 (Monovalent)	Pfizer-BioNTech Comirnaty (Original) Pfizer-BioNTech Comirnaty (Original, Pediatric) Pfizer-BioNTech Comirnaty BA.1 (Bivalent) Pfizer-BioNTech Comirnaty BA.4/5 (Bivalent) Pfizer-BioNTech Comirnaty XBB.1.5 (Monovalent)	AstraZeneca Vaxzevria Novavax Nuvaxovid (original) Novavax Nuvaxovid XBB.1.5 (monovalent) Janssen Jcovden Unknown Other, specify:
Dose 4		Moderna Spikevax (Original) Moderna Spikevax (Original, Pediatric) Moderna Spikevax BA.1 (Bivalent) Moderna Spikevax BA.4/5 (Bivalent) Moderna Spikevax XBB.1.5 (Monovalent)	Pfizer-BioNTech Comirnaty (Original) Pfizer-BioNTech Comirnaty (Original, Pediatric) Pfizer-BioNTech Comirnaty BA.1 (Bivalent) Pfizer-BioNTech Comirnaty BA.4/5 (Bivalent) Pfizer-BioNTech Comirnaty XBB.1.5 (Monovalent)	AstraZeneca Vaxzevria Novavax Nuvaxovid (original) Novavax Nuvaxovid XBB.1.5 (monovalent) Janssen Jcovden Unknown Other, specify:
Dose 5		Moderna Spikevax (Original) Moderna Spikevax (Original, Pediatric) Moderna Spikevax BA.1 (Bivalent) Moderna Spikevax BA.4/5 (Bivalent) Moderna Spikevax XBB.1.5 (Monovalent)	Pfizer-BioNTech Comirnaty (Original) Pfizer-BioNTech Comirnaty (Original, Pediatric) Pfizer-BioNTech Comirnaty BA.1 (Bivalent) Pfizer-BioNTech Comirnaty BA.4/5 (Bivalent) Pfizer-BioNTech Comirnaty XBB.1.5 (Monovalent)	AstraZeneca Vaxzevria Novavax Nuvaxovid (original) Novavax Nuvaxovid XBB.1.5 (monovalent) Janssen Jcovden Unknown Other, specify:
Subsequent dose		Moderna Spikevax (Original) Moderna Spikevax (Original, Pediatric) Moderna Spikevax BA.1 (Bivalent) Moderna Spikevax BA.4/5 (Bivalent) Moderna Spikevax XBB.1.5 (Monovalent)	Pfizer-BioNTech Comirnaty (Original) Pfizer-BioNTech Comirnaty (Original, Pediatric) Pfizer-BioNTech Comirnaty BA.1 (Bivalent) Pfizer-BioNTech Comirnaty BA.4/5 (Bivalent) Pfizer-BioNTech Comirnaty XBB.1.5 (Monovalent)	AstraZeneca Vaxzevria Novavax Nuvaxovid (original) Novavax Nuvaxovid XBB.1.5 (monovalent) Janssen Jcovden Unknown Other, specify: