

Phone: 416 392 7411
Fax: 416 696 3477
**After hours : 3 1 1 or 416 392 CITY(2489) for
(phone) callers from outside of Toronto**

Patient Information	Last Name			First Name			Second Name			Report Date (YYYY/MM/DD) / /			Report Time (24 Hrs)					
	Apt. No.						Street Address						Telephone: Home: ()					
	City						Postal Code						Cell: ()					
	Date of Birth (YYYY/MM/DD) / /						Health Card Number (Optional)						Gender M F Other			Pregnant Y N N/A		
Diagnostic Information	Disease being reported (see TPH Reportable Disease List): COVID-19									Hospitalized? Y N Unknown			ER Visit Only? Y N Unknown					
	Name of Hospital: (if applicable)									Clinical Signs and Symptoms:								
	Laboratory Lab Name: _____ Specimen Type: _____ Test Type: _____ Specimen Number: _____ Result(s): _____ Date collected: _____									Date of onset: (YYYY/MM/DD)								
Report Source	Name of Person Making the Report (use next box if physician)									Attending Physician (Full Name and Initials)								
	Title: _____ Agency: _____ Phone Number(s): _____									Dr. _____ Facility Name: _____ Address: _____ Phone Number(s): _____								
Comments	Report taken by (TPH staff name):																	
	Additional Comments:																	

Personal health information collected on this form is collected under the authority of the Health Protection Promotion Act, R.S.O. 1990 c. H. 7. The information is used to investigate communicable disease events and to control and prevent the spread of communicable/infectious diseases. Questions about this collection can be directed to the CDNU Manager (cdsu@toronto.ca, 277 Victoria Street, Toronto, Ontario, M5B 1W2) or by phone at 416-392-7411. This facsimile transmission is intended for the addressee indicated above. It may contain information that is privileged, confidential, or otherwise protected from disclosure. Any review, dissemination or use of this information or contents by persons other than the addressee is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone (collect if necessary) so that we may arrange for its return at our expense. Thank you for your cooperation.