

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Common Fields			
LAST UPDATE: 2020-07-20			
Field Name	Number of Common Fields	Comments (For Number of Common Field)	Key
<b>Case Protected Information</b>			
CASE Information			
First name	7	(Includes NWT, which has general field "Name". As Name itself includes first/middle/last name.	7 Max Value Dark Green
Middle name	2	(Includes NWT, which has general field "Name".	6 Just Below Max Value Light Green
Last name	7	(Includes NWT)	5 Just Above Mid Value Light Yellow
Alternate name(s)	1		4 Mid Value Yellow
Usual residential address	6		3 Min Value Red
City	6		2 Min Value Red
Province/Territory	4		1 Min Value Red
Canada	1		
Postal code	6		
Local Health Region	3		
Phone number #1	7	Updated 2020-07-20	
Phone number #2	4	Updated 2020-07-20	
Phone number #3	1	Updated 2020-07-20	
Email	3	Updated 2020-07-20	
Date of Birth	7		
Racial/Ethnic Identity (Voluntary/Self-Reported)			
	1		
Health Insurance Number	1		
Health Card Number	3	Updated 2020-07-20	
Alternate ID (Specify Type)	1	Updated 2020-07-20	
Registration Number	1	(Probably missing value)	
Preferred Language	1		
Local Case ID	3	For now, I've included the info in Column E, British Columbia, which needs to review	
P/T Case ID	3	Includes the info from British Columbia, which might need a review (that If we should	
Primary Care Provider	3		
PCP Phone	1		
PCP Location	1		
Immediate Family Members	1		
iPHIS Case ID:	1		
Responsible Health Unit	1		
Branch office:	1		
Diagnosing Health Unit	1		
14 day follow-up	1	Updated 2020-07-20	
CASE DETAILS: DISEASE / AETIOLOGIC AGENT / SUBTYPE	1		
<b>Proxy Information</b>			
Is respondent a proxy?	3	(Included British columbia)	
Last name	3		
First name	4		
Relationship to case	4		
Phone number #1	2		
Phone number #2	2		
Phone number (Residential)	1		
Phone number (Mobile)	1		
Phone number (Work, Ext.)	1		
Email address	1		
Source(s) of information	1		

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<b>Contact information for person reporting</b>			
Declarant Type	1		
First and Last Names	7		
Telephone #	6		
Email	3		
Fax #	1		
Health Authority	2		
Establishment/Clinic Name where patient consulted	3		
Establishment/Clinic City	2		
Referral Date	3	Updated 2020-07-20	
Referral Request Details	1		
RSS Survey Code	1	Updated 2020-07-20	
<b>Main Form</b>			
P/T Case ID	2		
Reported Date	6		
Date Report Received by health authority	3	Updated 2020-07-20	
License number of person reporting	1		
Assessed in-person	1		
Assessed in virtual care	1		
Other Codes/IDS	1	Updated 2020-07-20	
<b>Administrative Information</b>			
(Report Status)	5	(Includes NWT) Need a review, its bit unclear to me	
Reporting Province / Territory	3	(Includes Quebec and NWT info)	
Outbreak or cluster related?	2	Updated 2020-07-20	
If yes, local Outbreak #:	2	Updated 2020-07-20	
Number of ill persons associated with the outbreak:	1		
<b>For Provincial Use Only</b>			
Has the outbreak been declared and made public?	1		
If case is related to a provincial /territorial outbreak	1		
P/T Outbreak ID	1		
<b>Contact information for P/T person reporting</b>			
First Name	3	(Includes NWT, which has ""Name" specified only.(As name alone also means first/	
Last Name	3	(Includes NWT, which has ""Name" specified only.	
Email	1		
Telephone #	2		
Reason for testing	2		
Surveillance Case Classification	3		
<b>Case Details</b>			
Residency	3	Updated 2020-07-20	
Detected at point of entry?	1		
Location of entry	1		
Date of entry	1		
Gender	7	(Though there is an inconsistency in the option every province gives)	
Age	4		
Guardian Name if age<16	1		
If under 2 Years	1		
Age unit	1		
Received current season's flu vaccine (self-reported)?	1		
Does the case identify as Indigenous?	5	(Have excluded Quebec, as it says Vulnerable, which is already added in Vulnerable	
Updated 2020-07-20			
If yes, indicate which group	5	Updated 2020-07-20	
First Nations Status	1	Updated 2020-07-20	
Indigenous organization	1		
Does the case reside on a First Nations Reserve most of the time?	4		
Vulnerable group	2		

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Patient lives at home	2		
Is the patient a resident of a long-term care facility?	3		
Patient lives in closed environment	1		
Environment Information	2	Updated 2020-07-20	
Case is (professional role)	4	Updated 2020-07-20	
Did the patient work outside the home in the two weeks before symptoms started?	2		
In the 48 hours before the onset of symptoms, did the patient have close and prolonged contact during work? if yes, identify occupation	2		
Healthcare worker	5	Updated 2020-07-20	
if yes, Worksite(s)	4		
	1		
School or daycare worker	3		
School or daycare attendee	2	(includes NWT which says the duplication of above field)	
Other worker	2	Updated 2020-07-20	
Worker providing essential services	2	Updated 2020-07-20	
Worker at risk or outbreak	1	Updated 2020-07-20	
if yes,	1	Updated 2020-07-20	
Description of the job or main task (e.g. nurse, cook, police)	1		
Worker in direct contact with customers?	1		
Workplace name	1		
Workplace address	1		
Workplace contact name	1		
Workplace contact phone #	1		
Risk Level	1	Updated 2020-07-20	
<b>Symptoms</b>			
Symptom Onset Date	7	(Date Format inconsistent)	
Symptom Onset Time (if applicable)	1	Updated 2020-07-20	
Estimated	1	Updated 2020-07-20	
Asymptomatic	5	Updated 2020-07-20	
Contagious Period	1	Updated 2020-07-20	
<b>Symptom</b>			
Cough	7	Updated 2020-07-20	
Fever (≥38°C)	7		
Feverish/chills (temperature not taken)	5	Updated 2020-07-20	
Sore throat	7	Updated 2020-07-20	
Runny nose	6	(Includes Ontario & NWT, which have field names "Rhinnohea" instead of runny nose) Updated 2020-07-20	
Shortness of breath/difficulty breathing	6		
Nausea/vomiting	6	Updated 2020-07-20	
Headache	7	Updated 2020-07-20	
General weakness	5	Updated 2020-07-20	
Pain (muscular, chest, abdominal, joint, etc.)	4		
Arthralgia (painful joints)	2		
Myalgia (muscle pain)	4		
Irritability/confusion	4	Updated 2020-07-20	
Diarrhea	6	Updated 2020-07-20	
Other, specify	5		
Brutal anosmia without nasal obstruction, with or without ageusia	3		
Fatigue	3		
Malaise	3		
Sputum production	1		
Swollen lymph nodes	1		
Sneezing	1		
Conjunctivitis	1		

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Otitis	1		
Anorexia/decreased appetite	1		
Nose bleed	1		
Rash	1		
Seizures	2	Updated 2020-07-20	
Dizziness	1		
Coryza	1	Updated 2020-07-20	
<b>PRE-EXISTING CONDITIONS and RISK FACTORS</b>			
Cardiac disease	7	Updated 2020-07-20	
Chronic neurological or neuromuscular disorder	6	Updated 2020-07-20	
Diabetes	7	Updated 2020-07-20	
Immunodeficiency disease/condition	6	Updated 2020-07-20	
Liver Disease	6	Updated 2020-07-20	
Malignancy	4		
Post-partum (≤6 weeks)	5	Updated 2020-07-20	
Pregnancy	7	Updated 2020-07-20	
If yes, trimester	4		
Specify EDC	1	Updated 2020-07-20	
Renal Disease	6	Updated 2020-07-20	
Age 60+	1		
Respiratory Disease	6	Updated 2020-07-20	
Hypertension	3	Updated 2020-07-20	
Cancer	3	Updated 2020-07-20	
Other, specify	3	Updated 2020-07-20	
Additional Information	1		
Chronic health condition	3		
Hemoglobinopathy/Anemia	1		
Receiving immunosuppressing medications	1		
Substance use	3	Updated 2020-07-20	
Smoking	3	Updated 2020-07-20	
Vaping	1	Updated 2020-07-20	
Other (specify	1	Updated 2020-07-20	
None Identified	1		
Severe obesity	1	Updated 2020-07-20	
<b>CLINICAL EVALUATIONS, COMPLICATIONS, and DIAGNOSES</b>			
Date of first presentation to medical care	1		
Meningismus/nuchal rigidity	1		
Arrhythmia	1		
Abnormal lung auscultation	4	Updated 2020-07-20	
Altered mental status	6	Updated 2020-07-20	
Clinical or radiological evidence of pneumonia	5	Updated 2020-07-20	
Coma	4	Updated 2020-07-20	
Conjunctival injection	3		
Diagnosed with Acute Respiratory Distress Syndrome	6	Updated 2020-07-20	
O2 saturation <95%	5	Updated 2020-07-20	
Encephalitis	6	Updated 2020-07-20	
Hypotension	5	Updated 2020-07-20	
Neonatal complications	1	Updated 2020-07-20	
Pharyngeal exudate	3		
Pregnancy Complications and unfavorable issues	1	Updated 2020-07-20	
Renal failure	6	Updated 2020-07-20	
Seizure	4	Updated 2020-07-20	
Sepsis	6	Updated 2020-07-20	
Tachypnea (accelerated respiratory rate)	5	Updated 2020-07-20	
Other, specify	5	Updated 2020-07-20	

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Field Name	Number of Common Fields	Comments (For Number of Common Field)	Key
Convulsions	1	Updated 2020-07-20	
<b>CLINICAL COURSE and OUTCOMES (complete if applicable) (Page 4)</b>			
Patient Setting	1		
Hospitalization	6	(Includes NWT) Updated 2020-07-20	
H. Admission date	6	Updated 2020-07-20	
H. Discharge date	5	Updated 2020-07-20	
Discharge date 2	1		
Case Discharged from Hospital	1		
Case Transferred to another hospital	1		
Re Admission Date	1		
Diagnosis at time of admission:	1		
Intensive Care Unit (ICU)	6	Updated 2020-07-20	
ICU Start Date	6	Updated 2020-07-20	
ICU End Date	5	Updated 2020-07-20	
Isolation (e.g. negative pressure)	5	Updated 2020-07-20	
Isolation Start Date	3	Updated 2020-07-20	
Isolation End Date	3	Updated 2020-07-20	
Location if isolation is at different address than home	1	Updated 2020-07-20	
Supplemental oxygen therapy	1		
Mechanical ventilation	5	Updated 2020-07-20	
If yes, number of days on ventilation	1		
MV. Start Date	3	Updated 2020-07-20	
MV. End Date	3	Updated 2020-07-20	
Chest X-ray	2		
Chest X-ray summary	2		
Physician diagnosis at time of this report	1		
Current Disposition <small>*Definition: resolution of symptoms followed by two negative tests at least 24 hours apart</small>	6	Updated 2020-07-20	
Disposition date	5	(Includes British Columbia) Updated 2020-07-20	
Location / Address (if Applicable)	1	Updated 2020-07-20	
If deceased			
post-mortem:	1		
Death attributed/linked to respiratory illness?	4	Updated 2020-07-20	
Respiratory illness was the underlying cause of death?	1		
Cause of death (as listed on death certificate)	4	Updated 2020-07-20	
Date of Death	4	Updated 2020-07-20	
Notes	1	Updated 2020-07-20	
<b>EXPOSURES (add additional details in the comments section as necessary)</b>			
In the 14 days prior to symptom onset, did the case travel outside of their province/territory of residence or outside of Canada?	6	Updated 2020-07-20	
If yes, specify the following (REPEATABLE)			
Departure Country	5	(Includes Ontario and National, which have city field) Updated 2020-07-20	
Destination Country	6	(Includes Ontario and National, which have "city" field, and NB which has "location") Updated 2020-07-20	
Start Date	4		
End Date	6	Includes Ontario which gave general option of travel dates	
Date of Arrival in Province	1	Updated 2020-07-20	
Date of Departure from Province	1	Updated 2020-07-20	
Hotel/Residence	4	Updated 2020-07-20	
In the 14 days prior to symptom onset, did the case travel on a plane or other public carrier(s)?	3	Updated 2020-07-20	

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Flight/Carrier Details (carrier name, flight #, seat #)	4	Updated 2020-07-20	
Was the case in close contact* with a symptomatic confirmed or probable case in the 14 days prior to symptom onset?	6		
If yes, complete the following (REPEATABLE)			
Case ID(s)	5	(Includes Ontario & BC, which might needs Updated 2020-07-20	Updated 2020-20-07
Date of First Contact	3		
Sustained contact	3		
Date of Last Contact	4	Updated 2020-07-20	
Contact Setting Comments	4	Updated 2020-07-20	
Name of Environment/Location	1	Updated 2020-07-20	
Name of contact	1	Updated 2020-07-20	
comments	1		
Case known to have traveled outside Canada	1	Updated 2020-07-20	
Was the case in close contact* with a person with fever and/or cough who has been to an affected area** in the 14 days prior to their illness onset? * close contact is defined as a person who provided care for the patient, including healthcare workers, family members or other caregivers, or who had other similar close physical contact OR who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill. (REPEATABLE)	3		
Date of last contact	2		
If yes, specify the type of contact:	1		
If yes, specify contact setting	3		
Exposure occurred in Canada	2		
In the 14 days prior to symptom onset, was this client exposed to a known cluster or outbreak (e.g. communal setting with cases, community cluster.)?	2	Updated 2020-07-20	
Setting type:	2	Updated 2020-07-20	
Location Name	1	Updated 2020-07-20	
Role/group	1		
Cluster/outbreak name	2	Updated 2020-07-20	
Start date	1		
End date	1		
In the 14 days prior to symptom onset, did the case have contact with live animals (not considered household pets) or animal products in any of the affected areas**? <i>This includes direct contact with animals, or contact with their feces or urine, soiled bedding/litter, or contact with other animal products (e.g. organs, exotic meats)</i>	3		
If yes, specify what animals or animal products that you had contact with	3	Updated 2020-07-20	
If yes, specify date of last direct contact:	2	Updated 2020-07-20	
Did the animal display any symptoms of illness or was the animal dead?	1		
If yes, where	2		
Specify city	1		
In the 14 days prior to symptom onset, did the case have indirect contact with animals?	1		
If yes, specify date of last indirect contact	1		
Where did the indirect contact occur?	1		
Total number of contacts identified for this case	3		

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unknown	3		
In the 14 days prior to symptom onset, did the case have indirect contact with animals?	1		
If yes, specify date of last indirect contact	1		
Where did the indirect contact occur?	1		
Was there an event or location at which this client may have exposed 25 or more contacts?	2		
if yes, event name	2		
Event date	2		
Event Location	2		
Close contact with a person with acute respiratory illness/group exposure in last 14 days	3	(Includes Quebec)	
Lab exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID (SARS-CoV-2)	2		
If the case has not traveled, has not had contact with a confirmed case, is not associated with an outbreak		Updated 2020-07-20	
During the 14 days preceding the symptoms, the case frequented environments where he would have been in contact with symptomatic people	1	Updated 2020-07-20	
if yes, Social Circles	1	Updated 2020-07-20	
Further information on suspected cases	1	Updated 2020-07-20	
<b>LABORATORY INFORMATION (microbiology / virology / serology) (complete if applicable) (REPEATABLE)</b>			
Lab ID	4	Updated 2020-07-20	
Specimen Collection Date	6		
Time	1		
Collected By	2	Updated 2020-07-20	
Specimen Type & Source	5		
Sentinal Site	1		
Contact case	1		
Test of Cure	1		
Test Method	2		
Test Result	4		
Has another respiratory organism been identified?	1		
if yes, specify the organism	1		
Test Date	2		
Result Date	1	Updated 2020-07-20	
Results of National Microbiology Laboratory confirmatory testing:	1		
Date of NML confirmation:	1		
ADDITIONAL DETAILS/COMMENTS	2		
Ordering Provider	1		
Label specimen as follows	1		
<b>LABORATORY INFORMATION Antimicrobial Resistance of suspect etiological agent(s) (REPEATABLE)</b>			
Name of Antimicrobial	1		
Specimen Type & Source	1		
Test Method	1		
Test Result	1		
Test Date	1		
<b>TO BE COMPLETED BY: The Public Health Agency of Canada</b>			
Date Received	1		
PHAC Case ID	1		
If applicable, national outbreak ID	1		
*Check Priority Group if Applicable	1		

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<b>TREATMENT</b>			
Did the case receive prescribed prophylaxis prior to symptom onset?	1		
Specify name	1		
date of first dose	1		
date of last dose	1		
In the treatment of this infection, is the case taking any other medication?	1		
Specify Name (1)	1		
date of first dose (1)	1		
date of last dose (1)	1		
Specify name (2)	1		
date of first dose (2)	1		
date of last dose (2)	1		
<b>INTERVENTIONS: IMMUNIZATIONS</b>			
Did the case receive the current year's seasonal influenza vaccine?	1		
If yes, date of vaccination:	1		
Did the case receive the previous year's seasonal influenza vaccine?	1		
Did the case receive pneumococcal vaccine in the past?	1		
If yes, year of most recent dose:	1		
If yes, type:	1		
<b>ADDITIONAL DETAILS/COMMENTS (add as necessary)</b>	1		
<b>Routine Activities Prompt Worksheet-Case11</b>			
When interviewing a case, ensure that the following activity prompts are considered to identify a possible source of infection within the 14 days prior to the onset of symptoms: work; school; visitors at home; volunteer activities; daycare; religious activities; social activities (restaurants, shopping); sports; visits to acute care settings, long-term care homes, retirement homes, medical labs, dentists, and other health care providers; contact with ill persons; and contact with birds/swine or other animals.			
Date of Onset	1		
Case Last Name	1		
Case First Name	1		
Date of Birth	1		
Gender	1		
PHU representative	1		
Date/Time (Start and End) <i>(Repeatable)</i>	1		
Activities/Contacts <i>(Repeatable)</i>	1		
Location of Activity <i>(Repeatable)</i>	1		
Contact Person (Name & Tel) <i>(Repeatable)</i>	1		
Comments <i>(Repeatable)</i>	1		