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Abbott ID NOW COVID-19 POCT Assessment Form for COVID-19 testing

Testing Date (YYYY/MM/DD)

Testing Location

Last Name

First Name

DOB (YYYY/MM/DD)

Health Card # (or Region if no HC #)

Primary Phone

Alternate Phone

Physical Address

Exposure Risks (Travel, Employment, Contacts, etc. including dates of contact)

Symptoms

- Asymptomatic
Fever / Chills
Cough
SOB
Dysgeusia / Anosmia
Chest pain / tightness
Runny nose
Sore throat
Headache
Conjunctivitis

Temperature (°C)

Onset (YYYY/MM/DD)

- Fatigue
Anorexia
Nausea / Vomiting
Diarrhea
Myalgias
Dizziness / Confusion
Abdominal pain
Dermatological changes
Other

Testing Provider:

Result

- Positive
Negative
Invalid (x1 or x2)

PCR sent? Yes No

If yes: Nasopharyngeal Saline Gargle

(For positives, two invalids, initial validation, and q10 validation)

Plan

- Self-isolating education done, Isolation support contacted at and location of isolation (867) 332-4587
Phone call to YCDC / CMOH
Other follow-up/teaching provided

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Fax or email completed forms to Yukon Communicable Disease Control at (867) 667-8349 or YCDCsurveillance@yukon.ca