



Peel and stick addressograph here

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	Onset (YYYY/MM/DD)	OR	<input type="checkbox"/> Asymptomatic
<input type="checkbox"/> Fever / Chills Temperature (°C) _____			<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Cough			<input type="checkbox"/> Myalgias
<input type="checkbox"/> SOB			<input type="checkbox"/> Dizziness / Confusion
<input type="checkbox"/> Dysgeusia / Anosmia			<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Chest pain / tightness			<input type="checkbox"/> Dermatological changes _____
<input type="checkbox"/> Runny nose			<input type="checkbox"/> Other _____
<input type="checkbox"/> Sore throat			
<input type="checkbox"/> Headache			
<input type="checkbox"/> Conjunctivitis			
<input type="checkbox"/> Fatigue			
<input type="checkbox"/> Anorexia			
<input type="checkbox"/> Nausea / Vomiting			

Have you been at any of these higher risk locations from 2 days before your first symptoms started and today? (note: ask all locations)

Location	Y/N	If yes – where	Date(s)
Long term care/assisted living/group home			
Shelters			
Aggregate addiction services – withdrawal support (detox); and intensive treatment (MWSU)			
Corrections – WCC/YOF			
Worked in or received clinical services (e.g. doctor's office/health centre/dental/hospital/home care etc.)			
School/Daycare - name			

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, and location of isolation ☐ Isolation support contacted at (867) 332-4587

☐ Phone call to YCDC / CMOH

☐ Other follow-up/teaching provided _____

Peel and stick result here

Fax or email completed forms to YCDC at (867) 667-8349 or YCDCsurveillance@yukon.ca

Indicate in subject line: Location of testing, Abbott Results, negative or positive. Send all negative results and positive results in separate emails

YCDC 2022-01-03