COVID-19/Seasonal Influenza Death and Hospitalized Case Report

Protected B (when completed)

# Fax the completed form to Alberta Health CD: 780-415-9609

|  |  |
| --- | --- |
| Section 1 – Case Definition | [ ]  Initial Report[ ]  Amendment[ ]  Lost to follow-up[ ]  Unable to contact |
| **COVID-19:** Choose one**Variant type**: Choose one → Other specify: Enter text | **Confirmed Influenza:** Choose one → Other specify: Enter text |
| Section 2 – Reporting Information |
| **Date Case Investigation Opened** Choose date | **Date Reported to Alberta Health** Choose date |
| **Submitter** Enter text | **FNIHB Location Reporting** Choose one  |
| **Telephone Number** Enter text | **Outbreak Associated?** Choose one → *If Yes, EI#* Enter text |
| Section 3 – Personal Identifiers |
| **PHN** Enter text | **Gender** Choose one | **Birth Date** Choose date |
| **Name** *Last:* Enter text *First:* Enter text |
| **Address** Enter text | **Municipality** Enter text | **Postal Code** Enter text |
| **Province/Territory** Choose one | **Country** Enter text | **Lives on Reserve** Choose one |
| **Ethnicity** Choose one | → *If Other, specify* Enter text |
| Section 4 – Clinical Findings |
| **Onset Date** Choose date |
| **Where was disease likely acquired?** Choose one | **Pregnant?** Choose one |
| **Hospitalized?** Choose one |
| **Admission Date** Choose date | **Reason for Admission** Choose one |
| **Admitted to ICU?** Choose one | **Reason for ICU Admission** Choose one |
| **Ventilated during any of the hospital stay(s)?** Choose one |
| **Fatal** Choose one | → *If Yes, enter death date* Choose date *and cause of death* Choose one |
| Section 5 – Comments |
| **Comments**Enter text |