



Region of Waterloo
PUBLIC HEALTH AND
EMERGENCY SERVICES

Positive COVID-19 Point-of-Care (POC) Reporting Form

Facility Name: _____ Contact: _____

Please complete the following form for all presumptive positive COVID-19 POC test results. Fax reporting form to 519-883-2248. For questions, please call 519-575-4400.

First and Last Name	
Date of Birth (MM/DD/YYYY)	
Primary Personal Contact Number	
Home Address	
Health Card Number (if available)	
Any Symptoms (if applicable)	<input type="checkbox"/> Asymptomatic Symptoms:
Date of POC Test (MM/DD/YYYY) and time am/pm	
Preliminary Result	<input type="checkbox"/> Positive POC <input type="checkbox"/> Confirmatory PCR collected within 24 hours of positive POC <input type="checkbox"/> Referred to Assessment Centre
Isolation Status	<input type="checkbox"/> Home isolation