

Notification of Fatal Outcome of

COVID-19 or Influenza

Please complete all fields

A) PERSON REPORTING – HEALTH CARE PROVIDER INFORMATION

Attending Physician or Nurse: Phone number: Hospital Name and Unit (if applicable): Location:	FOR PUBLIC HEALTH OFFICE USE ONLY: Service Area: Date Received: Panorama Client ID: Panorama Investigation ID: Panorama QA complete: ☐ Yes ☐ No
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B) CLIENT INFORMATION (please complete or affix patient label in the table below)

Last Name:	First Name: and Middle Name:	Alternate Name (Goes by):
DOB: YYYY / MM / DD Age: _____	Health Card Province: _____ Health Card Number (PHN): _____	Gender: ☐ Male ☐ Female ☐ Other ☐ Unknown
Next of Kin: _____ Relationship: _____ Contact phone: _____	Address Type: ☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ Legal Land Description Mailing (Postal address): Street Address or FN Community (Primary Home):	

C) DISEASE and LABORATORY DETAILS

Disease being reported:	☐ COVID-19	☐ Influenza
LAB TEST INFORMATION:		
Test Type:	☐ PCR	Date specimen collected: YYYY / MM / DD ☐ Antigen

D) RISK FACTORS (check all that apply)

Chronic Medical Condition ¹ - Other (Add'l Info) Please Specify	☐ Yes	☐ No ☐ Not asked ☐ Unknown
Pregnancy	☐ Yes	☐ No ☐ Not asked ☐ Unknown
Special Population - Self-reported Indigenous identity	☐ Yes	☐ No ☐ Not asked ☐ Unknown
Special Population –Long Term Care Facility Resident Include the name of the facility	☐ Yes	☐ No ☐ Not asked ☐ Unknown
Special Population – Personal Care Home Resident Include the name of the facility	☐ Yes	☐ No ☐ Not asked ☐ Unknown

¹Chronic medical conditions associated with severity include: cardiac disease, lung disease, diabetes, cancer, renal disease, immunosuppression, morbid obesity, transplant candidate or recipient

E) OUTCOMES

Fatal – Date of Death YYYY / MM / DD How was the reported disease Related to Cause of Death? ☐ Underlying cause of death ☐ Contributed to but was not underlying cause of death ☐ Unrelated to cause of death	
Report completed by:	Date report completed: YYYY / MM / DD

Please save a copy for your file and fax to the local public health office.