



Patient Information:

School Staff _____ Student – grade: _____

Other (i.e. Family) / Occupation _____ SHA Employee Yes No

Full Name (exactly as it appears on Health Card):

_____/_____/_____
Last Name First Name Middle Name or Initial

_____/_____/_____
Health Card Number Prov. Of Issue Expiry Date (if applicable)

Date of Birth: (DD/MMM/YYYY): _____ (ex. 01/JAN/1980)

Gender (as on Health Card): Male Female Other Unknown

Home Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Living situation Private Dwelling Other (Please Specify) _____

Phone Number(s): _____ and/or _____
Home Cell

Are You Currently Symptomatic? Yes No Onset of Symptoms _____

Have you been in contact with someone who was COVID-19 Positive? Yes No

Name of Close Contact _____

Contact Information (Next Of Kin):

_____/_____/_____
Last Name First Name Relationship

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ or _____
Home Cell

Family Physician (Saskatchewan residents only):

_____/_____/_____/_____
Full Name with Initials City Clinic Name Fax Number

Ordering Physician: Dr. _____