



## Notification COVID-19 Discharge or Death Form

This form has been adapted from Shared Health's Discharge form (May 14, 2020).

Please fax this form and the patient demographics sheet to Public Health at 204-428-2734. Notify site Infection Prevention and Control as per site process.

Date of Symptom Onset: \_\_\_\_\_

Date of Positive COVID-19 Testing: \_\_\_\_\_

### **DISCHARGE:**

Date of Discharge: \_\_\_\_\_

Date When Self-Isolation Should End: \_\_\_\_\_

### **DECEASED:**

Date and Time of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Underlying Medical Conditions: \_\_\_\_\_