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RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

Centre de Santé et Services Sociaux Inuulitsivik
Inuulitsivik Health & Social Services Centre
Puvirnituq, Québec J0M 1P0
T 819 988-2957 / F 819 988-2796

UNGAVA TULATTAVIK HEALTH CENTER
CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

EMBOSSER ICI LA CARTE DU CSI OU CSTU,
SI NON DISPONIBLE, INSCRIRE LES NOM, PRÉNOM,
DATE DE NAISSANCE, NUMÉRO DOSSIER ET VILLAGE

EMBOSS HERE THE CARD OF IHC OR UTHC,
IF NOT AVAILABLE, WRITE THE NAME, SURNAME,
DATE OF BIRTH, FILE NUMBER AND VILLAGE

IDENTIFICATION OF CONTACTS OF A COVID-19 CASE

CLINICAL INFORMATION

Date of onset of symptoms:	Date of positive result for COVID-19:	Start date of isolation:
_____/_____/____ yyyy/mm/dd	_____/_____/____ yyyy/mm/dd	_____/_____/____ yyyy/mm/dd

PERIOD OF CONTAGIOUSNESS: START DATE[1] : _____/_____/____ yyyy/mm/dd **END DATE[2] :** _____/_____/____ yyyy/mm/dd

NOTE : Refer to the period of contagiousness between these dates for the search for contacts.

[1] The period of contagiousness begins 48 hours before the onset of symptoms.
[2] The period of contagiousness ends once the case is isolated or until isolation is lifted for a contact living under the same roof.

Signature of the intervener who conducted the interview: ____________________________________ Date: _____/_____/____ yyyy/mm/dd

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IDENTIFICATION OF CONTACTS OF A COVID-19 CASE

HOUSEHOLD: RESIDENTS

Copy this page if you need more space

Principal residence: # ____________________

List of permanent residents in the home during the period of contagiousness:

Name	File no.	DOB yyyy/mm/dd	Sex		Telephone or Facebook ID	Symptoms[3]		
			M	F		yes	no	If yes, specify
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[3] Symptoms compatible with COVID-19 observed in the contact, e.g., cough, fever, difficulty breathing

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IDENTIFICATION OF CONTACTS OF A COVID-19 CASE

INTIMATE PARTNERS

List of persons having had sexual contacts with the confirmed or probable case during the period of contagiousness :

Name	File no.	DOB yyyy/mm/dd	Sex		House no. Or village	Telephone or Facebook ID	Date of last Contact yyyy/mm/dd	Symptoms[3]		
			M	F				Yes	No	If yes, specify
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IDENTIFICATION OF CONTACTS OF A COVID-19 CASE

HOUSEHOLD: VISITORS

List of persons who visited the home during the period of contagiousness:

Copy this page if you need more space

Name	File no.	DOB yyyy/mm/dd	Sex		House no. Or village	Telephone or Facebook ID	Date of last contact yyyy/mm/	Symptoms[3]			≥ 15 min	≤ 2 m
			M	F				Yes	No	If yes, specify		
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IDENTIFICATION OF CONTACTS OF A COVID-19 CASE

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HOUSEHOLDS VISITED

During the period of contagiousness, did the user visit other households? ☐ Yes ☐ No

List of homes visited and persons present during the user's visits during the period of contagiousness:

Copy this page if you need more space

Name	File no.	DOB yyyy/mm/dd	Sex		House no. or village	Telephone or Facebook ID	Date of last contact yyyy/mm/dd	Symptoms[3]			≥ 15 min	≤ 2 m
			M	F				Yes	No	If yes, specify		
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DAY-CARE

☐ Not applicable

☐ Child → group: ________________
☐ Worker with contact with children → function: ______________________________
☐ Worker without contact with children → function: ______________________

Name of day-care: ____________________________

Frequency of presence[4] : _______________________

Date of last presence: ____/____/____ (yyyy/mm/dd)

[4] **Important: Fill out this section properly!** Enter the number of presences per week and the usual number of hours of those presences.

SCHOOL

☐ Not applicable

☐ Child → group: ________________
☐ Worker with contact with children → function: ________________________
☐ Worker without contact with children → function: ______________________

Name of day-care: _____________________

Frequency of presence[4] : ________________

Date of last presence: ____/____/____ (yyyy/mm/dd)

[4] **Important: Fill out this section properly!** Enter the number of presences per week and the usual number of hours of those presences.

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WORK

☐ Not applicable. *NOTE: Copy this page if you need more space.*

Employer : ______________________________ Function : ______________________

Date of last presence: _____/_____/______ (yyyy/mm/dd)

List of persons in contact with the user at work:

Name	File no.	DOB yyyy/mm/dd	Sex		House no. or village	Telephone or Facebook ID	Symptoms[3]			≥ 15 min	≤ 2 m
			M	F			Yes	No	If yes, specify		
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OTHER LOCATIONS OR ACTIVITIES

DURING THE PERIOD OF CONTAGIOUSNESS	Yes	No	Date of last presence yyyy/mm/dd	If yes, specify location and provide details on contacts on the following pages
Medical clinic or hospital centre (North and/or South)	☐	☐		
Businesses, grocery stores, banks, etc.	☐	☐		
Outdoor group activity, (e.g., camping, fishing, hunting)	☐	☐		
Indoor group activity, (e.g., feast, family gathering)	☐	☐		
Other place of assembly, (e.g., community centre, sewing centre, church)	☐	☐		
Sports activity	☐	☐		
Public places of culture (museums, libraries, show venues, movie theatres)	☐	☐		
Public places for leisure (restaurants, bars, cafés)	☐	☐		
Hotels or conference centres	☐	☐		
Public transportation	☐	☐		
Travel in or outside Nunavik	☐	☐		
Correctional institutions	☐	☐		

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OTHER LOCATIONS OR ACTIVITIES : ADDITIONAL CONTACTS

Location frequented	Name of contact	File no.	DOB yyyy/mm/dd	Sex		House no. or village	Telephone or Facebook ID	Symptoms[3]			≥ 15 min	≤ 2 m
				M	F			Yes	No	If yes, specify		
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				M	F			Yes	No	If yes, specify		
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