

# COVID-19 Publicly Funded PCR Testing Documentation Form for Pharmacies

<b>Patient Name</b>	<b>Date/Time of Assessment</b>
<b>Healthcard No.</b>	<b>Gender</b>
<b>Date of Birth</b>	<b>Patient Phone No.</b>
<b>Patient Address</b>	
<b>Name of family physician/nurse practitioner (optional)</b>	

Verbal patient/agent consent received for the assessment

**Received by**

(print name and signature)

**Date**

Patient Screening Completed ([COVID-19 Patient Screening Guidance Document](#))

**COVID-19 Screening Result:**

Positive

Negative

Unknown

## Patient Assessment Questions:

**1. Are you currently experiencing one or more of the symptoms below that are new or worsening?  
Symptoms should not be chronic or related to other known causes or conditions.#**

- Fever and/or chills
- Cough or barking cough (croup)
- Shortness of breath
- Decrease or loss of smell or taste
- Sore throat
- Rhinorrhea (runny nose)
- Nasal congestion (stuffy nose)
- Abdominal pain
- Headache
- Conjunctivitis (pink eye)
- Decreased or lack of appetite
- Nausea, vomiting and/or diarrhea (*for children <18 years of age*)
- Fatigue, lethargy, malaise and/or myalgias (*for adults ≥18 years of age*)

(If you have severe difficulty breathing, severe chest pain, feel confused or unsure of where you are and/or losing consciousness, call 911 immediately.)

If you received a COVID-19 vaccine in the last 48 hours and are experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No".

Yes

No

**2. Regardless of vaccination status, have you been exposed to a confirmed COVID-19 case and received notification from any of the following mechanisms:**

- A Public Health Unit
- The COVID Alert App
- As part of a confirmed outbreak investigation

Yes

No

**3. Regardless of vaccination status, in the last 10 days, have you been identified as a [high-risk contact](#) of a known COVID-19 case?†**

Yes

No

**4. Have you received a positive antigen point-of-care test result or a positive self-testing device result and require a diagnostic test to confirm if you have COVID-19?**

Yes

No

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### 5. Are you a member of one of the following targeted testing groups:

- i. Workers (including support workers), visitors (including caregivers) and government inspectors of long-term care homes\*
- ii. Temporary Foreign Workers (TFW), including for the purpose of international travel to return to a country of origin
- iii. Individuals who identify as Indigenous
- iv. Residents in homeless shelters
- v. Individuals, and one accompanying caregiver, with written prior approval for out-of-country medical services from the General Manager, OHIP
- vi. Individuals who are travelling into remote/isolated First Nation and Indigenous communities for work purposes
- vii. Individuals who have returned from, or travelled in, the following locations between November 1 and December 6, 2021: South Africa, Botswana, Lesotho, Eswatini, Mozambique, Namibia, Zimbabwe, Egypt, Malawi, and Nigeria. OR Asymptomatic family members and other household contacts of these individuals.\*

Yes

No

### 6. For individuals who are *not fully vaccinated*, have you been advised to be tested for one of the following reasons:

- i. Admission to hospital from another hospital, long-term care home, retirement home or other congregate living setting/institution (including group homes and equivalent higher-risk settings, such as homeless shelters, community supported living, disability-specific communities/congregate settings, short-term rehab, hospices, other shelters)
- ii. Entering a residential treatment facility (e.g., a mental health or addiction program)
- iii. Transfer from, or repatriation to community hospitals and regional tertiary/quaternary centres
- iv. Transfer from an acute site to a post-acute site (e.g., patient transferred from hospital to complex continuing care/rehab) within a multi-site organization
- v. Your health care provider has recommended that you get tested 24-48 hours prior to a scheduled (non-urgent/emergent) surgery in a hospital or other surgical setting (e.g., independent health facility, etc.) in a region with high community transmission<sup>a</sup>

Yes

No

### 7. Has your health care provider requested that you get tested before treatment or an appointment (i.e., hematopoietic cell therapy, radiation or systemic cancer treatment, etc.)?

Yes

No

#### Select one that applies:

If 'YES' to any of the questions numbered 1 to 7

Patient is **ELIGIBLE** for the Publicly-Funded COVID-19 Testing Services in Ontario Pharmacies program

#### Patient testing eligibility:

**Symptomatic** individuals with any symptom listed in the [COVID-19 Reference Document for Symptoms](#)  
(answered YES to Question 1)

**Asymptomatic** individuals who have been identified as a **high-risk contact** of a known COVID-19 case  
(answered YES to Questions 2 or 3)

**Asymptomatic** individuals who have received a **positive antigen point-of-care test (POCT) or positive self-test kit** result  
(answered YES to Question 4)

**Asymptomatic** individuals **part of a targeted tested group**  
(answered YES to Question 5)

**Asymptomatic** individuals who have been **advised to be tested**  
(answered YES to Questions 6 or 7)

If 'NO' to all of the questions numbered 1 to 7

Patient is **INELIGIBLE** for the Publicly-Funded COVID-19 Testing Services in Ontario Pharmacies program

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Additional notes (optional):

Pharmacist Name

OCP #

<sup>#</sup> Refer to the [COVID-19 Reference Document for Symptoms](#) for exceptions and more information.

<sup>†</sup> For more information about high-risk exposures, refer to [Appendix A](#). If the individual knows when they were exposed, they should get tested seven days after their last exposure and stay in self-isolation. If they do not know when they were exposed, they should get tested right away.

<sup>\*</sup> It is mandatory to include the applicable Investigation Number on the test requisition forms for lab-based PCR testing for these individuals. Individuals should be reminded to provide the name of their long-term care home when booking and attending their appointment. Pharmacies must cross-reference the information provided with the lists of target settings provided by the Ministry of Health to confirm the individual's eligibility.

When completing the [requisition form](#), this information should be captured under the Patient Information (Section 2), in the field labelled: Investigation / Outbreak No. [Investigation Number Format: Can be any alphanumeric including dash (-) and underscore (\_) up to a maximum of 15 characters.]

<sup>-</sup> Include the investigation number assigned for all Omicron-related testing on the test requisition form for specimens collected from these individuals (please refer to your OneMail communication from the Ministry for this investigation number).

<sup>a</sup> This is at the discretion of the health care provider, as per [COVID-19 Provincial Testing and Clearance Guidance](#).

**Note:** The Investigation Number may already be included in the self-collection kits distributed by schools that are used by eligible individuals at home and subsequently dropped-off at the pharmacy. However, it is **not** mandatory for a pharmacy to record an Investigation Number for these individuals.

## Specimen Collection

Appropriate PPE donned (e.g., medical mask, gloves, face shield/goggles, gown) according to guidelines

**Option 1**  
In-Store Specimen Collection For Lab-Based PCR Testing

Verbal patient/agent informed consent received for specimen collection in pharmacy

Received by (pharmacist name)

Signature

OCP #

Date/Time of Specimen Collection

**Specimen Collected by (if different individual from the above):**

Pharmacist Name

Signature

OCP #

**Option 2**  
At-Home Patient Self-Collected COVID-19 Specimen for Lab-Based PCR Testing

Self-Collection Kit Dispensed  
 Self-Collection Kit Not Dispensed (patient already has a kit)

Date/Time of Specimen Drop-Off

**Specimen Received by:**

Pharmacist Name

Signature

OCP #

Quality Control Performed on Specimen

Pass  
 Asked Patient to Re-Test.

Reason

**Option 3**  
In-Store Point-of-Care PCR Testing

Verbal patient/agent informed consent received for specimen collection in pharmacy

Received by (pharmacist name)

Signature

OCP #

Date/Time of Specimen Collection

**Specimen Collected by (if different individual from the above):**

Pharmacy Professional Name

Signature

OCP #

**Results:**

Reported into MORE  
 Disclosed to the PHU (if applicable)

## Appendix A: High-Risk Exposures<sup>^</sup>

Exposure Setting	Exposure Type
Household (includes other congregate settings)	<ul style="list-style-type: none"> <li>• Anyone living in the same household<sup>1</sup>, while the case <b>was infectious</b>.               <ul style="list-style-type: none"> <li>• This may include members of an extended family, roommates, boarders, 'couch surfers', etc.</li> <li>• This may include people who provided care for the case (e.g., bathing, toileting, dressing, feeding, etc.)</li> <li>• This may include congregate settings (e.g., dormitories, shelters, group homes, detention centres, child/daycare centres) where direct contact (&lt;2 meters) is occurring in shared rooms/living spaces. (Follow <a href="#">Ministry of Health guidance</a> for outbreak management in congregate living settings; if an outbreak is declared, outbreak measures should guide contact management).</li> <li>• This EXCLUDES individuals who live in a completely separate area/unit (e.g., self-contained basement apartment).</li> </ul> </li> </ul>
Community/ <a href="#">Workplaces/Schools</a>	<ul style="list-style-type: none"> <li>• Had direct contact with infectious body fluids of the case (e.g., coughed on or sneezed on)</li> <li>• Had other close<sup>2</sup>, prolonged<sup>3</sup>, and/or unprotected<sup>4</sup> contact.               <ul style="list-style-type: none"> <li>• E.g., contact with a case within 2 metres for more than a transient amount of time, particularly if case and/or contact was not masked.</li> </ul> </li> <li>• See <a href="#">Table 5</a> for management of mass exposures where individual level contact follow-up is not feasible (e.g., bus/train exposures)</li> </ul>
Healthcare (including all locations where health care is provided, e.g., community, acute care, long-term care)	Patient is the case: <ul style="list-style-type: none"> <li>• HCW and/or support staff who provided direct care for the case, or who had other similar close physical contact (i.e., &lt; 2 metres from patient for more than transient duration of time) without consistent and appropriate use of personal protective equipment<sup>4</sup> (PPE)</li> <li>• Other patients in the same semi-private/ward room</li> <li>• Other patients/visitors who had close<sup>2</sup>, prolonged<sup>3</sup> contact with the patient case</li> </ul>
	HCW is the case: <ul style="list-style-type: none"> <li>• All patients who had close<sup>2</sup> prolonged<sup>3</sup> contact to the HCW<sup>5</sup></li> <li>• All co-workers who had unprotected<sup>4</sup> close<sup>2</sup> and/or prolonged<sup>3</sup> contact with the HCW (e.g., within 2 metres in an enclosed common area)</li> </ul>
	<ul style="list-style-type: none"> <li>• Laboratory worker processing COVID-19 specimens from case without appropriate PPE (including accidental exposures where appropriate PPE was breached)<sup>4</sup></li> </ul>
Air Conveyance	<ul style="list-style-type: none"> <li>• Passengers or crew seated within 2 meters of the case (approximately two seats in all directions, depending on type of aircraft/conveyance and seating)<sup>6</sup></li> <li>• Other passengers/crew with close prolonged<sup>3</sup> contact or direct contact with infectious body fluids.</li> <li>• Consideration may be given to determining all passengers and crew of the flight at high-risk of exposure based on risk of contact in terminal, and during boarding/off-loading procedures.</li> </ul>
Travel to affected area	<ul style="list-style-type: none"> <li>• Traveled outside of Canada in past 14 days and not exempt from Federal Quarantine.<sup>7</sup></li> </ul>

For further details see: [Focus On: Risk Assessment Approach for COVID-19 Contact Tracing](#)

- <sup>1</sup> **Household Members:** Household members have the highest risk of transmission and should almost always be considered high risk of exposure. Individuals who live in a self-contained separate unit (e.g., basement suite) may be considered low risk exposure.
- <sup>2</sup> **Close Contact:** Maintenance of physical distancing measures (> 2 metres) for the entire duration of exposure decreases the risk of transmission. However, physical distancing of 2 metres does not eliminate the risk of transmission, particularly in confined indoor and poorly ventilated spaces and during exercise, talking loudly, yelling or singing activities.
- <sup>3</sup> **Prolonged Contact:** As part of the individual risk assessment, consider the cumulative duration and nature of the contact's exposure (e.g., a longer exposure time/cumulative time of exposures likely increases the risk, an outdoor only exposure likely decreases the risk, whereas exposure in a small, closed, or poorly ventilated space may increase the risk even if distanced or masked), the case's symptoms (coughing or severe illness likely increases exposure risk), physical interaction (e.g., hugging, kissing), and whether personal protective equipment by the contact (see below – Footnote 4) or source control by the case was used. To aid contact follow-up prioritization, prolonged exposure duration may be defined as lasting cumulatively more than 15 minutes; however, data are insufficient to precisely define the duration of time that constitutes a prolonged exposure, and exposures of <15 minutes may still be considered high risk exposures depending on the context of the contact/exposure. Transient exposures may in some circumstance be sufficient for transmission depending on the interaction but are generally a low priority for contact follow-up.
- <sup>4</sup> **PPE, Barriers and Source Control Use:**

**Use of PPE**, if worn consistently and appropriately for the nature of the interaction and for the entire duration of exposure, is generally considered a lower risk exposure for the contact. It is important to assess the context of the interactions with the case and other factors that may increase risk of exposure (e.g., physical touching, prolonged duration, confined space with poor ventilation). See [Focus On: Risk Assessment Approach for COVID-19 Contact Tracing](#) and the Public Health Ontario [Technical Brief on IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#) for more information.

### Masks

Fit-tested N95 respirators, instead of medical masks, are required for PPE for aerosol-generating procedures. [Non-medical masks](#) are NOT considered PPE in health care settings (see [Public Health Ontario Technical Brief](#)).

Surgical/procedure masks or well-constructed, well-fitting non-medical masks may be considered sufficient as source control or PPE use in non-health care settings as part of the overall risk assessment and depending on the nature of the exposure.

### Eye Protection

- Transmission through the conjunctiva is possible, particularly when in close contact with an unmasked case.
- Eye protection is part of PPE in [health care settings](#) when providing direct care for a known or suspected patient with COVID-19, therefore, lack of eye protection is generally considered a high risk exposure in this specific scenario. However, lack of eye protection may not constitute a high-risk exposure depending on the nature of contact with the patient and likelihood of direct droplet exposure.
- For all other interactions, lack of eye protection generally does not constitute a high-risk exposure if both case and contact are masked. However, depending on the nature of contact with the case and likelihood of direct droplet exposure (e.g., caregiver holding infected child, close prolonged contact with an unmasked case in an indoor environment), lack of eye protection may be considered a high-risk exposure.

### Gowns and Gloves

- While gowns and gloves are part of [PPE in health care settings](#) when caring for a known or suspected patient with COVID-19, lack of gowns/gloves generally do not constitute a high risk exposure.

### Barriers

Other [appropriate barriers](#), such as plexiglass barriers may also lower the risk if they provide sufficient and consistent coverage between the case and contact.

- <sup>5</sup> **Patient/Resident Exposures from HCW cases:** universal medical masking by HCWs is expected to reduce the risk of exposure to their patients/residents if the HCW becomes a case. However, in circumstances of close, prolonged contact, source control by the case does not eliminate risk of exposure and follow-up of exposed patients/residents and co-workers as contacts with high risk of exposure is warranted. This is especially important to reduce the risk of ongoing nosocomial transmission when patients/residents remain within health care/congregate living settings.
- <sup>6</sup> **Air Travel:** Medical or non-medical masks are required on all air travel and most other public conveyances. Due to increased transmissibility of emerging VOCs, use of masks in community settings are no longer included in the contact risk assessment.
- <sup>7</sup> **Federal Quarantine:** Assessment is made by the Canadian Border Services Agency for quarantine exemptions for international travellers. PHU follow-up is not required for airplane/conveyance contacts already under federal quarantine unless the traveller tests positive in which case the PHU would be responsible for routine case and contact management.

<sup>^</sup> **Source:** Ministry of Health. Management of Cases and Contacts of COVID-19 in Ontario. August 11, 2021 (version 13.0). Accessed November 15, 2021. [https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact\\_mngmt/management\\_cases\\_contacts.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf)