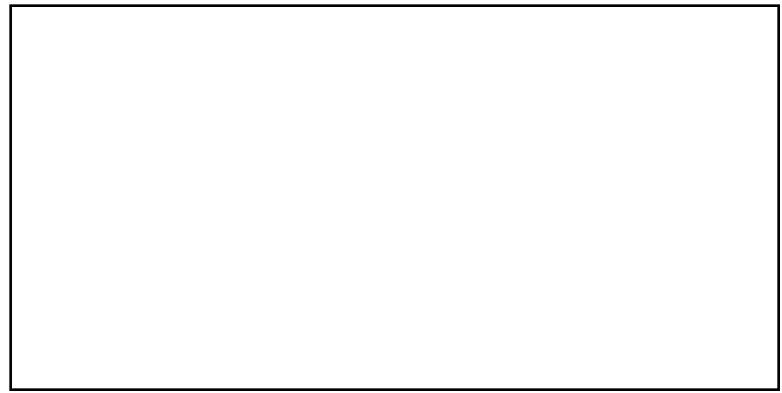




Winnipeg Regional Health Authority    Office régional de la santé de Winnipeg



## COVID-19 DISCHARGE/DEATH NOTIFICATION FORM

This form should be faxed immediately upon death and prior to discharge along with the patient demographic sheet (including all patient identifiers, phone numbers, and address) to Public Health at (204) 940-2690

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

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

Date of Discharge/Death \_\_\_\_\_

Self-Isolation for discharged patients to continue until further direction by Public Health.