

STAFF CASE REPORT FORM

1. Study drug status Consented and receiving study drug
 Consented but ineligible to receive study drug
 Consented for follow-up but declined to receive study drug
 Declined study

2. YOB (yyyy) _____ 3. Sex at birth: Female Male

4. COVID-19 testing:

Specimen type	Collection Schedule	Reason for Swab Collection*	Date collected (dd/mm/yyyy)	Result (positive/negative)	Lab name	Lab number
NP	Day 1					
NP	Day 14					
NP	Day 40					
	Other					

*Select one of: Study, Clinical, Public Health Surveillance (PHS)

5. For staff who tested positive for COVID-19 in Question 5:

6a. Was the staff member symptomatic: No
 Yes, date onset symptoms (dd/mm) _____

6b. In the 14 days prior to the onset of symptoms, or 14 day prior to positive test if asymptomatic

a) How many long term care facilities did the participant work in? _____

b) Did the participant work at other jobs? No Yes, describe _____

c) Was the participant exposed to anyone outside the outbreak LTCH who tested positive for COVID-19 **BEFORE** participant:

No

Yes, household contact

Yes, resident at another LTCH/healthcare institution

Yes, staff at another LTCH/healthcare institution

Yes, co-workers at another job, specify _____

Yes, other, specify _____

6. Did the participant have any adverse events (AEs)? Yes, list AE codes – link to form _____
 No

7. Medication adherence

Date /time first dose (dd/mm/yyyy/hh:hh): _____ / _____ / _____ / _____

Date/time last dose (dd/mm/yyyy/hh:hh): ___/___/_____/_____

- Reason for discontinuation:
- End of study
 - Adverse event, Form number: _____
 - Died
 - Transferred to hospital
 - Decision to withdraw from meds/refusal to take
 - Other
-

Pill count in returned bottle: _____ OR Bottle not received