**Tableau des épisodes antérieurs de COVID-19 et du statut vaccinal**

**(*English version follows*)**

À partir du 16 juin 2021, et suite aux nouvelles orientations de l’INSPQ, la *Direction régional de santé publique de Montréal* (DRSP) tiendra compte du **statut vaccinal des employés** pour évaluer leur niveau de risque advenant un/des cas de COVID-19 en service de garde. L’évaluation du risque sera adaptée, également, **pour les enfants et employés ayant testé positifs à la COVID-19**. Desinformations précises et complètes à ces sujets nous permettront de **limiter au maximum le nombre de personnes à mettre en isolement.**

*NOTICE DE CONFIDENTIALITÉ : Les informations colligées dans ce document sont confidentielles.*

*Vous devrez les conserver de façon à protéger cette confidentialité.*

*Veuillez seulement les transmettre aux autorités de santé publique lorsque demandé.*

**TABLEAU 1 : Employés ayant testé positifs à la COVID-19 ou ayant été vaccinés**

* Veuillez vous renseigner auprès de chacun de vos employés afin d’avoir les informations exactes (ajouter des lignes au besoin)

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| **Prénom** | **NOM** | **Nom du groupe habituel\*** | **Épisode de COVID-19** | **Vaccin 1ère dose** | **Vaccin 2e dose** | **RÉSERVÉ****À LA DRSP** |
| **Oui/Non** | **AAAA-MM\*\*** | **Oui/Non** | **AAAA-MM-JJ** | **Oui/Non** | **AAAA-MM-JJ** |
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**TABLEAU 2 : Enfants ayant testé positifs à la COVID-19**

* Préciser les noms des enfants qui ont testé positifs à la COVID-19 (ajouter des lignes au besoin)

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| **Prénom** | **NOM** | **Nom du groupe** | **Épisode de COVID-19****AAAA-MM\*\*** | **RÉSERVÉ À LA DRSP** |
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**Table of previous COVID episodes and vaccination status**

As of June 16th, 2021, and following new directions from the INSPQ, the *Montreal Regional Public Health Department* (DRSP) will take into account the **vaccination status of employees** to assess their risk level in the event of one or more cases of COVID-19 at a daycare. The risk assessment will also be adapted for **children and employees who previously tested positive for COVID-19**. Precise and complete information on these subjects will allow us **to limit the number of people who must be isolated.**

*NOTICE OF CONFIDENTIALITY: Information collected in this document is confidential.*

*Please file this document in such a way as to protect this confidential information.*

*Only forward this information to public health authorities when requested.*

**TABLE 1: Employees who have tested positive for COVID-19 or have been vaccinated**

* Please verify with each of your employees to ensure that the information is exact (add lines as needed)

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| **First name** | **LAST NAME** | **Name of****usual group\*** | **Episode of COVID** | **Vaccine 1st dose** | **Vaccine 2nd dose** | **RESERVED****FOR DRSP** |
| **Yes/No** | **YYYY-MM\*\*** | **Yes/No** | **YYYY-MM-DD** | **Yes/No** | **YYYY-MM-DD** |
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**TABLE 2: Children who have tested positive for COVID-19**

* List the names of children who have tested positive for COVID-19 (add lines as needed).

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| --- | --- | --- | --- | --- |
| **First name** | **LAST NAME** | **Name of group** | **Episode of COVID-19****YYYY-MM\*\*** | **RESERVED FOR DRSP** |
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