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То:	Assessment Centre	Re:	Symptomatic Household Member
Organization:		Pages (includ	ling cover sheet):
Recipient Fax:	(807) 623-6631	Sender Name):
Recipient Phor	ne: (807) 935-8101	Sender Phone	e:
Date:		Confirmation	of Receipt Requested: ☐ Yes ☐ No
Staff name: Household member name:			
Househol	d member phone nun	nber:	<u>-</u>
Departme	ent:		
Manager	Signature:		