



FAX

To:	Assessment Centre	Re:	Symptomatic Household Member
<hr/>		<hr/>	
Organization:		Pages (including cover sheet):	
<hr/>		<hr/>	
Recipient Fax:	(807) 623-6631	Sender Name:	
<hr/>		<hr/>	
Recipient Phone:	(807) 935-8101	Sender Phone:	
<hr/>		<hr/>	
Date:		Confirmation of Receipt Requested:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>		<hr/>	

Staff name: _____

Household member name: _____

Household member phone number: _____

Department: _____

Manager Signature: _____