



# Respiratory Outbreak Line List – Resident/Patient

**FAX** by 11 a.m. daily to **613-735-3067**  
**Tel:** 613-732-3629 **After Hours Tel:** 613-735-9926

<b>Facility:</b>	<b>Outbreak Number: 2257-</b>	<b>Facility Contact:</b>
<b>Date:</b> (YYYY/MM/DD)	<b>Outbreak Definition:</b>	<b>Contact Phone Number:</b>

Please line list each resident/patient once only.

Case Identification		Hospital patients only: Date of Admission (m/d)	Symptoms													Specimen/Diagnostics						Prophylaxis/ Treatment			Outcome								
			Symptom Onset (month/day)	Abnormal temperature °C	Decrease/loss of taste/smell	Runny Nose/Sneezing	Nasal Congestion	Sore Throat/Hoarseness	Dry Cough	Productive Cough	Swollen Glands in Neck	Tiredness/Malaise	Muscle Aches	Poor Appetite	Headache	Chills	Other	Acquisition (see legend below)	COVID Swab (m/d) PCR Rapid Antigen	Initial Swab Result	Re-Swab (m/d)	Re-Swab Result PCR Rapid Antigen	Influenza Swab (m/d)	Result Rapid	Result PCR/NAT	COVID-19 vaccine (full series= 2 doses)	Current Influenza Vaccine	Antiviral Prophylaxis (m/d)	Antiviral Treatment (m/d)	Resolved	Hospitalized	CXR-Confirmed pneumonia	Death
<b>Name:</b>	<b>Room/Unit:</b>																																
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