



## STAFF Only Line List – ASYMPTOMATIC Case Surveillance (for HHR)

RCDHU FAX: 613-735-3067  
 Tel: 613-732-3629 After Hours Tel: 613-735-9926

<b>Facility:</b>		Unit / Floor:
Date: <small>(YYYY/MM/DD)</small>	Facility Contact:	Facility Contact Phone Number:

Please line list each resident/staff member once only.

Case Identification	Demographics			Specimen/Diagnostics				COVID-19 Vaccine		Work Self-Isolation		Comments
				LAB/TEST RESULT				YES	NO	YES	NO	
This information is being collected under the authority of the Health Protection and Promotion Act, R.S. O. 1990, c.H.7 for the purpose of outbreak investigation, monitoring, management, and follow-up; infectious disease surveillance; public health administration and the provision of statistical data to the Ministry of Health and Long-Term Care information will be retained, used, disclosed, and disposed of in accordance with the Personal Health Information Protection Act, 2004, C.3.	DATE OF BIRTH (yyyy/mm/dd)	ROLE/TITLE	Unit/Area of work	Test Date (yyyy/mm/dd)	Positive/ Detected	Indeterminate	Negative/ Not Detected					
Name:												
Name:												
Name:												
Name:												
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