



Respiratory Outbreak Line List – RESIDENTS

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

Facility:	Outbreak Number: 2257-	Unit/ Floor:	Facility Contact:
Date: (YYYY/MM/DD)	Case Definition:		Contact Phone Number:

Please line list each resident or staff member once only.

Today's Date:

Index Case/Date of First Case:

Case Identification		Symptoms													Specimen/ Diagnostics						Prophylaxis/ Treatment			Outcome				
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 precautions initiated (mm/dd)	Symptom onset date (mm/dd)	Abnormal temperature °C	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	COVID				Influenza		Current Influenza vaccine	Antiviral prophylaxis date (mm/dd)	Antiviral treatment date (mm/dd)	Resolved	Hospitalized Date of Admit (mm/dd)	Death
																	COVID Rapid Antigen swab date (mm/dd)	COVID Rapid Antigen test result (+/-)	COVID PCR swab date (mm/dd)	COVID PCR test result (+/-)	Influenza swab date (mm/dd)	Rapid Test – Result						
Name:	Room:																											
	DOB:																											
Name:	Room:																											
	DOB:																											
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