

## 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:

aci residerii c	or staff member once only. Today's Date:							Index Case/Date of First Case:																				
ntification		Symptoms							Specimen/ Diagnostics										Outcome									
collected under the	the o		ပွ														COVID			Influenza			Φ	4)				
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