



# Respiratory Outbreak Line List – STAFF

**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>Unit/ Floor:</b>	<b>Facility Contact:</b>
<b>Date Outbreak was Declared:</b> <i>(yyyy/mm/dd)</i>	<b>Case Definition:</b>		<b>Contact Phone Number:</b>

Please line list each staff member once only.

**Today's Date:**

**Index Case/Date of First Case:**

Case Identification		Symptoms													Specimen/ Diagnostics						Status				Outcome											
		Symptom onset date <i>(mm/dd)</i>	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	COVID				Influenza		COVID-19 vaccine <i>(full series = 2 doses)</i>	Current influenza vaccine	Antiviral prophylaxis	Antiviral treatment	Resolved	Hospitalized Date of Admit <i>(mm/dd)</i>	CXR – Confirmed pneumonia	Death						
																	COVID Rapid Antigen swab date <i>(mm/dd)</i>	COVID Rapid Antigen test result <i>(+/-)</i>	COVID PCR swab date <i>(mm/dd)</i>	COVID PCR test result <i>(+/-)</i>	Influenza swab date <i>(mm/dd)</i>	Rapid Test – Result									PCR/NAT Test – Result					
<b>Name:</b>	<b>Last Day Worked:</b> <i>(mm/dd)</i>																																			
<b>DOB:</b>	<b>Role:</b>																																			
<b>Phone #:</b>	<b>Unit:</b>																																			
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