

COVID-19 Line List - Residents

Fax line lists daily by noon to **519-426-4767** until outbreak declared over by the HNHU

Name of Facility:	Outbreak # : 2234 –	Date:
Affected Unit/Floor:	# residents on unit/floor:	# residents immunized for influenza:
Facility Contact:	Phone # & Ext.:	After Hours #:
Initial Case Definition:		

Case Identification				Symptoms (check symptoms that apply)													Specimen			Complications					
Name of Resident	Room number	Gender	DOB (YYYY-MM-DD)	# of COVID-19 vaccine doses (0-4)	Symptom onset date (MM-DD)	Asymptomatic	Fever ($\geq 37.8^{\circ}\text{C}$)	Cough	Shortness of Breath	Malaise/fatigue	Muscle aches	Sore throat/ Hoarse	Nasal congestion	Runny nose	Vomiting / nausea	Diarrhea (e.g. x3)	Loss of smell & taste	Headache	Date Swabbed (MM-DD)	COVID-19 Positive (Y/N)	Influenza results (+ / -)	Pneumonia (CXR confirmed)	Hospital admission (MM-DD)	Hospital discharge (MM-DD)	Death (MM-DD)
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