

COVID-19 Line List - Staff

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:	# staff on unit/floor:	# staff in facility:
Facility Contact:	Phone # & Ext.:	After Hours #:
Initial Case Definition:		

Case Identification				Symptoms (check symptoms that apply)														Specimen		Comments
Name of Staff & designation (e.g., RN, PSW, food services)	Primary unit/floor	Gender	Last day worked	Onset Date of Symptom (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)	