OUTBREAK LINE LISTING – RESIDENTS

☐ Respiratory
☐ Enteric

***FAX to:** 905-974-9847**(DO NOT EMAIL)**

Outbreak Number: _____
Outbreak location (unit) _____
Case Definition: _____

Facility Name/ Address _____
Facility Contact: _____

Please print legibly or type **Resident's Legal Name**	**DOB** YYYY /MM/ DD	**Room**	**Meets Case Definition? Y/N**	**Onset Date** (d/m)	**Symptoms**									**Vaccine**	**Treatment**	**Specimens**			**Status**		
					Fever (37.8 or greater)	**New /worsening cough**	**Shortness of breath**	**Loss of taste or smell**	**Sore throat**	**Nausea**	**Vomiting**	**Diarrhea**	**Other** (headache, runny nose/nasal congestion, unexplained malaise/fatigue, chills, conjunctivitis, loss of appetite, etc.)	**Influenza (Y/N)**	**Receiving Antivirals (Y/N)**	**Test Type**	**Date Collected** (d/m)	**Lab Result**	**Resolved Date** (d/m)	**Hospitalized** (d/m)	**Deceased** (d/m)

OUTBREAK LINE LISTING – STAFF

Outbreak Number: _____ **Facility Name/ Address** _____

Outbreak location (unit) _____ **Facility Contact:** _____

Case Definition: _____

Please print legibly or type							Symptoms									Vaccine	Specimens			Status
Staff's Legal Name	**DOB** YYYY-MM-DD	**Position** i.e. RN, PSW, Dietary	**Location of duties** i.e. unit/floor, whole facility	**Meets Case Definition? Y/N**	**Onset Date** (d/m)	**Last Day Worked** (d/m)	**Fever (37.8 or greater)**	**New /worsening cough**	**Shortness of breath**	**Loss of taste or smell**	**Sore throat**	**Nausea**	**Vomiting**	**Diarrhea**	**Other**	**Influenza (Y/N)**	**Test Type**	**Date Collected** (d/m)	**Lab Result**	**Resolved Date** (d/m)