

Facility Name: _____ Unit/Floor: _____ Contact at Facility: _____ Phone: _____ Fax: _____

Ottawa Public Health Investigator: _____ Outbreak Reporting Line: 613-580-6744 ext. 26325 (Weekdays 0830-1630) OR After-hours/Holidays: Call 311

Resident Information							Symptoms (New or Worsening)										Interventions			Complications			Comments								
Case Number (Sequential)	Please include the following information below: Surname, Given Name Date of Birth (DOB) Gender (M/F/Other)			Room Number	Date of Symptom Onset (YYYY/MM/DD)	Date Precautions Started (YYYY/MM/DD)	Date Precautions Discontinued (YYYY/MM/DD)	Date Symptom-Free (YYYY/MM/DD)	Fever or Abnormal Temperature	New / Dry/Increased Cough	Runny Nose /Sneezing	Stuffy Nose/ Congestion	Sore Throat/Hoarseness/Difficulty Swallowing	Swollen/Tender glands in neck	New/Increased sputum production	Pain in chest with breathing or coughing (pleuritic chest pain)	New/Increased Shortness of Breath	Tiredness (Malaise)	Muscle Aches (Myalgia)	Loss of Appetite	Headache	Worsening functional or mental status	Date Nasopharyngeal swab collected (YYYY/MM/DD)	Influenza Vaccine (Y/N)	Antivirals (Y/N)	Pneumonia- confirmed by Chest X-Ray (YYYY/MM/DD)	Emergency Visit Only (include date and location)	Hospitalization (admission date and location)	Date Deceased (YYYY/MM/DD)	Please include any additional information in the space below.	
									°C																						
									°C																						
									°C																						
									°C																						
									°C																						

*Data should be collected each day from midnight to midnight