Public Health
Santé publique

Line Listing for RESIDENTS (Fax daily to: 613-580-9649)

Outbreak #: 2251-_________-__________

Facility Name:____ Unit/Floor:________________________________ Contact at Facility:_____________________________

Outbreak Reporting Line: 613-580-6744 ext.26325 (Seven days a week from 0830 – 1800) OR After hours: Call 3-1-1

						COVID-19 Symptoms																														
Resident Information						Enteric Symptoms						Enteric or Resp.		Respiratory Symptoms												Interventions						Complications				Comments
Please include the following information below: • Surname • Given Name • Date of birth • Gender	Room number	Date of Symptom Onset (YYYY/MM/DD)	Date Precautions Started (YYYY/MM/DD)	Date Precautions Discontinued (YYYY/MM/DD)	Date Symptoms Free (YYYY/MM/DD)	Diarrhea	≥2 Episodes of diarrhea within 24-hrs (Y/N)	Vomiting	≥ 2 Episodes of vomiting within a 24-hrs (Y/N)	Nausea	Abdominal pain	Headache	Fever /Abnormal Temperature (Specify)	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	New/Increased Shortness of breath	Tiredness (Malaise)	Muscle Aces (Myalgia)	Loss of Appetite	Worsening functional or mental status	Date Stool Sample collected (YYYY/MM/DD)	Date swab collected (YYYY/MM/DD)	Influenza vaccine (Y/N)	1^{st} dose of COVID-19 vaccine (YYYY/MM/DD)	2^{nd} dose of COVID-19 vaccine (YYYY/MM/DD)	Antivirals (Y/N)	Pneumonia confirmed by Chest X-Ray	Emergency Visit (include date and location)	Hospitalization (admission date and location)	Date Deceased (YYYY/MM/DD)	Please include any additional information in the space below.

**Data should be collected each day from midnight to midnight*