

# Respiratory Outbreak Resident Line Listing

Outbreak Number: 2261 - \_\_\_\_\_ - \_\_\_\_\_. To be reviewed and faxed to 705.677.9618 daily by 10:00 a.m.

Facility: \_\_\_\_\_ Area: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Reported to Public Health: \_\_\_\_\_ Investigator: \_\_\_\_\_ Page No: \_\_\_\_\_

Facility Contact Information				Symptoms				Tests		Tx		Complications				Status					
Case Number	Name	DOB (yyyy/mm/dd)	Location Room/Floor/Wing	Onset Date (yy/mm/dd)	Cough	Fever/abnormal temp Please indicate:	Malaise	Nose: congestion/ runny/sneezing	Throat: sore/hoarseness/ difficulty swallowing	Other - specify:	Date symptoms resolved (yy/mm/dd)	Nasopharyngeal swab (yy/mm/dd)	Antibiotic (date started yy/mm/dd)	Antiviral (date started yy/mm/dd)	Pneumonia Chest x-ray confirmed	Hospitalization: Admit Date (yy/mm/dd)	Hospitalization: D/C Date (yy/mm/dd)	Death (yy/mm/dd)	Isolation removed (yy/mm/dd)	Signature	
	<b>Immune Status:</b> Flu: <input type="checkbox"/> Yes <input type="checkbox"/> No Pneumo: <input type="checkbox"/> Yes <input type="checkbox"/> No																				
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