

Respiratory Outbreak Staff Line Listing

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

Facility: _____ Area: _____

Date Reported to Public Health: _____ Investigator: _____ Page No: _____

Facility Contact Information		Contact Person:				Phone:		Fax:						
Personal Information					Symptoms					Tx	Status			
Case Number	Name	Work Location (unit)	Flu Immunization	Last Day Worked (yy/mm/dd)	Symptom Onset Date (yy/mm/dd)	Cough	Fever/abnormal temp Please indicate:	Malaise	Nose: congestion/ runny/sneezing	Throat: sore/ hoarseness/ difficulty swallowing	Other - specify:	Antibiotic (date started mm/dd)	Antiviral (date started mm/dd)	Resolved (mm/dd)
			<input type="checkbox"/> Yes <input type="checkbox"/> No											
			<input type="checkbox"/> Yes <input type="checkbox"/> No											
			<input type="checkbox"/> Yes <input type="checkbox"/> No											
			<input type="checkbox"/> Yes <input type="checkbox"/> No											
			<input type="checkbox"/> Yes <input type="checkbox"/> No											
			<input type="checkbox"/> Yes <input type="checkbox"/> No											
			<input type="checkbox"/> Yes <input type="checkbox"/> No											
			<input type="checkbox"/> Yes <input type="checkbox"/> No											
			<input type="checkbox"/> Yes <input type="checkbox"/> No											