

RESPIRATORY OUTBREAK LINE LISTING FORM
RESIDENTS

Fax completed form to CD Team at: (705) 733-7738

Name of Facility: _____

Outbreak Number: 2260 - _____ - _____

Date outbreak declared: _____
yyyy / mm/ dd

Case Identification					Symptoms													Specimens / Diagnostics					Prophylaxis / Treatment					
Case # (sequentially)	Name (LAST NAME, first name)	Floor/Room Number	Gender (M/F)	Date of Birth (yyyy/mm/dd)	Onset date of first symptom (yy/mm/dd)	Abnormal temperature (°C)	Dry cough (new)	Productive cough (new)	Runny nose / sneezing	Nasal congestion / stuffy nose	Sore throat	Hoarseness / difficulty swallowing	Chills	Myalgia	Malaise	Headache	Decreased appetite	Other - please specify	NP or throat swab date (yy/mm/dd)	Direct EIA (rapid test) results (Pos / Neg)	Virus culture result (Pos / Neg)	Diagnostic tests - X-ray	X-ray confirmed pneumonia	Flu Vaccine	Pneumo Vaccine	Hospitalized	Comments (Treatment, etc.)	Date resolved (yy/mm/dd)
																						Y N	Y N	Y N	Y N	Y N		
																						Y N	Y N	Y N	Y N	Y N		
																						Y N	Y N	Y N	Y N	Y N		
																						Y N	Y N	Y N	Y N	Y N		
																						Y N	Y N	Y N	Y N	Y N		
																						Y N	Y N	Y N	Y N	Y N		
																						Y N	Y N	Y N	Y N	Y N		

This information is collected under Section 5 of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. The personal health information collected in this form will be used only for outbreak management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Associate Director of Corporate Services, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, telephone (705) 721-7520.