simcoe muskoka
DISTRICT HEALTH UNIT

SIMCOE MUSKOKA DISTRICT HEALTH UNIT - CHILD CARE

RESPIRATORY LINE LIST - Children

Name of Facility:	Date Outbreak Declared:
Outbreak Number:	

Case Identification						Symptoms																Specimen Type		Prophylaxis/Treatment			Resolution	
Case # (sequentially)	Name (LAST NAME, first name)	Classroom & Days Attending	Sex (M, F, X)	Date of Birth (yy/mm/dd)	Parent contact & Phone #	Onset date of first symptom (yy/mm/dd)	Abnormal temperature (°C)	Cough (new)	Runny nose /congested nose	Sore throat	Hoarseness / difficulty swallowing	Muscle aches/pain	General feeling of unwell (malaise)	Headache	Decreased appetite	Decrease or loss of taste or smell	Extreme tiredness	Nausea, vomiting and/or diarrhea	Shortness of breath	Other - please specify	Swab date (yy/mm/dd)	COVID-19 RAT, PCR or Non-COVID-19 Test	Flu vaccine (y/n)	Hospitalized (y/n)	Comments	Date resolved (yy/mm/dd)	Date returned to centre (yy/mm/dd)
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