2/	SIMCOE MUSKOKA DISTRICT HEALTH UNIT TEL: 1-877-721-7520
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Name of Facility: ___

Phone Number: _____

Fax each time samples are being submitted to ID Team at: (705) 725-8007

COVID-19/INFLUENZA INVESTIGATION LINE LISTING FORM

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RESIDENTS/PATIENTS	STAFF	
Outbreak Number: 2260		
Date Outbreak Declared:		

Case Identification								Reason for Testing														Specir	nen		Droplet/Conta	ct Precautions	Outcome		Comments
	Staff:				Symptomatic 5										Asymptomatic														
Case # (sequentially)	Name (LAST NAME, first name)	Health Card Number	Floor / Room Number	Date of Birth (yyyy/mm/dd)	Position	Last Day Worked (yyyy/mm/dd)	Onset Date of First Symptom (yyyy/mm/dd)	% (T	New/Worsening cough	Shortness of Breath	Clinical or radiological evidence c pneumonia	Runny/Stuffy/Congested Nose		Loss of taste or smell	and Sy	Other	Transfer	Roommate of Symptomatic Resident	High Risk Contact of Confirmed Case	Other	NP Swab Collection Date (yyyy/mm/dd)	COVID-19 Results (Pos / Neg / Ind)	Influenza Results (Pos / Neg / NT)	Other Agent Identified:	Initiated (yyyy/mm/dd)	Discontinued (yyyy/mm/dd)	Hospitalized (yyyy/mm/dd)	Death (yyyy/mm/dd)	
1																													

*Atypical signs/symptoms = chills, headache, conjunctivitis, fatigue, malaise, myalgias,
This information is collected under Section 5 of the Health Protection and use of personal health information should be directed to the Privacy Officer, Sincoe Muskoka District Health Unit, 15 Sperling Drive, Barrie
ON L4M 6K9, telephone (705) 721-7520.