SIMCOE MUSKOKA DISTRICT HEALTH UNIT - CHILD CARE

RESPIRATORY LINE LIST - CHILDREN

Name of Facility:

Date Outbreak Declared:

Outbreak Number:

Case Definition:

Case Identification						Symptoms																				Specimens			Resolution	
Case #	Name (LAST NAME, First name)	Date of Birth (yy/mm/dd)	Parent name & phone number	Classroom & days attending	Last date at centre (yy/mm/dd)	Was child sick at the centre? (y/n)	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	Muscle pain (myalgia)	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	Respiratory Swab completed (y/n)	Results (if known)	Comments (Other symptoms, other test results doctor diagnosis, treatment, hospitalized, etc.)	Date symptoms ended (yy/mm/dd)	Date returned to centre (yy/mm/dd)
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