

RESPIRATORY ILLNESS LINE LISTING FORM CAMP STAFF

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

Name of Camp: _____

Outbreak Number: 2260 - _____ - _____

Date outbreak declared: _____
yyyy / mm / dd

Case Identification					Symptoms														Specimen & Diagnostics		Comments					
Case # (sequentially)	Name (LAST NAME, first name) and Position (i.e. food handler, counselor, CIT, activity lead)	Gender (M/F)	Date of Birth (yyyy/mm/dd)	Cabin Name or #	Onset date of first symptom (yy/mm/dd)	Fever	Dry Cough (new)	Productive cough (new)	Runny Nose/Sneezing	Nasal congestion/stuffy nose	Sore throat	Hoarseness/difficulty swallowing	Headache	Chills	Vomiting	Diarrhea	Fatigue (extreme tiredness)	Muscle ache	Abdominal cramping	Other - please specify	NP or throat swab date (yy/mm/dd)	Direct EIA (rapid test) results (Pos/Neg)	Annual Flu Vaccine Up-to-Date	Relevant Information (Treatment, excursion planned, recent canoe trip, recent day off etc.)	Date resolved (yy/mm/dd)	Return to work date (yy/mm/dd)
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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.