

COVID-19 LINE LIST – RECREATIONAL CAMP - STAFF

Name of Rec Camp _____

Det = Detected RAT = Rapid Antigen Test (e.g., PanBio)
 Not Det = Not Detected RMT = Rapid Molecular Test (e.g., ID Now)
 Ind = Indeterminate LBT = Lab-based PCR Test
 Pend = Pending

Case # (sequentially)	Demographics					Symptoms (check all that apply)													Testing			Isolation/Exclusion				
	Name (LAST NAME, first name)	Assigned Cohort (Cabin Name/#/Area)	Sex (M/F/X)	Date of Birth (YYYY/MM/DD)	Does staff always remain with cohort, including sleeping? (Y/N)	Onset date of first symptom (yyyy/mm/dd)	Fever (≥37.8°C)/chills	New or worsening cough	Shortness of breath	Sore throat	Difficulty swallowing	Cannot smell or taste	Extreme tiredness/malaise	Muscle aches/pain	Headaches	Runny/stuffy/congested nose (not related to allergies)	Nausea/vomiting/diarrhea	Abdominal pain	Conjunctivitis	Other atypical signs (list):	Staff has been tested (Y/N)	COVID-19 Test result (Det/Not Det/Ind/Pend)	Type of testing used (RAT/RMT/LBT)	Staff isolating onsite (Y/N)	If not onsite - Date staff last attended camp (yyyy/mm/dd)	