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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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 Ministry of Health. Questions regarding the collection and use of personal health information should be directed to the Pirvacy Officer, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie, ON L4M 6K9, telephone (705) 721-7520.