simcoe muskoka
DISTRICT HEALTH UNIT

SIMCOE MUSKOKA DISTRICT HEALTH UNIT - CHILD CARE

RESPIRATORY LINE LIST - STAFF

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)	Work Area (e.g. toddler room, kitchen, office, etc.)	Last date at centre (yy/mm/dd)	Was staff sick at 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	Decreased 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 Privacy Officer, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie, ON L4M 6K9, telephone (705) 721-7520.