

RESPIRATORY OUTBREAK LINE LISTING FORM

Child Care Centre Children

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

Name of Day Nursery: _____

Outbreak Number: 2260 - _____ - _____

Date outbreak declared: _____
yyyy / mm / dd

Case Identification					Symptoms													Prophylaxis / Treatment								
Case # (sequentially)	Name (LAST NAME, first name)	Classroom & Days Attending	Gender (M/F)	Date of Birth (yyyy/mm/dd)	Parent contact & phone #	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	Other - please specify	NP or throat swab date (yy/mm/dd)	Flu Vaccine	Hospitalized	Comments	Date resolved (yy/mm/dd)	Date Returned to Child Care (yy/mm/dd)	

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.