SIMCOE MUSKOKA DISTRICT HEALTH UNIT
TEL: 1-877-721-7520

Fax each time samples are being submitted to ID Team at: (705) 725-8007

COVID-19 INVESTIGATION LINE LISTING FORM

RESIDENTS/PATIENTS ☐ **STAFF** ☐

Name of Facility: _____

Phone Number: _____

Outbreak Number: 2260 - _____ - _____

Date Outbreak Declared: _____

Case Identifcation							Reason for Testing										Specimen		Droplet/Contact Precautions		Outcome		Comments
					Staff:		Symptomatic						Asymptomatic										
Case # (sequentially)	Name (LAST NAME, first name)	Health Card Number	Floor / Room Number	Date of Birth (yyyy/mm/dd)	Position	Last Day Worked (yyyy/mm/dd)	Onset Date of First Symptom (yyyy/mm/dd)	Fever (Temperature of 37.8°C or greater)	New/Worsening acute respiratory symptoms	Clinical or radiological evidence of pneumonia	Atypical Presentation	Other	Transfer	Roommate of Symptomatic Resident	Close Contact of Confirmed Case	Other	NP Swab Collection Date (yyyy/mm/dd)	Results (Pos / Neg)	Initiated (yyyy/mm/dd)	Discontinued (yyyy/mm/dd)	Hospitalized (yyyy/mm/dd)	Death (yyyy/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 Privacy Officer, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, telephone (705) 721-7520.