SIMCOE MUSKOKA DISTRICT HEALTH UNIT
TEL: 1-877-721-7520
Fax each time samples are being submitted to ID Team at: (705) 725-8007

# RESPIRATORY/COVID-19 INVESTIGATION LINE LISTING FORM

Residents/Patients ☐ Staff ☐

Name of Facility: _____ Outbreak Number: _____

Phone Number: _____ Date Outbreak Declared: _____

| Case Identification | | | | | | | | Reason for Testing | | | | | | | | | | | | | Specimen | | Treatment | | Droplet/Contact Precautions | | Outcome | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Symptomatic | | | | | | | | | | | | | | | | | | | | | |
| Case # (Sequentially) | Last Name | First Name | Date of Birth (yyyy/mm/dd) | Date Added to Line Sheet (yyyy/mm/dd) | Floor/ Room Number | COVID Vaccination Status | Influenza Vaccination Status | Onset Date of First Symptom (yyyy/mm/dd) | New/Worsening Cough | Shortness of Breath | Pneumonia | Runny Nose / Sneezing | Nasal Congestion / Stuffy Nose | Hoarseness / Sore Throat | Myalgia (Muscle / Body Aches) | Malaise / Fatigue | Headache | Fever (Temperature of 37.8°C or | Asymptomatic | Other - Please Specify | NP Swab Collection Date (yyyy/mm/dd) | Specimen Results (Pos / Neg / Ind) | Influenza Antiviral Initiated Date (yyyy-mm-dd) | COVID Treatment Initiated Date (yyyy-mm-dd) | Initiated (yyyy/mm/dd) | Discontinued (yyyy/mm/dd) | Hospitalized (yyyy/mm/dd) | Death (yyyy/mm/dd) | Comments |
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