Resident Respiratory Outbreak Line List - Outbreak Number: 2236 - _____ - _____

Review and submit the line list by 11am via Halton Region's Online Portal, or fax (905-825-1009).

Facility: _____ **Area:** _____ **Date Reported to Public Health**: _____ **Investigator:** _____ **Page No:** ____

Facility Contact Person: _____

Telephone: _____

Fax: _____

Resident Information	Home Area and Room #	Onset Date	Date yyyy/mm/dd	Symptoms (new or worsening)										Diagnostics					Treatment			Complications				Status	Signature
				Fever / Abnormal Temp.	Headache	Nasal Congestion / Runny Nose	Sore Throat / Hoarse Voice	Cough	Shortness of Breath	Fatigue / Malaise / Myalgia	Vomiting # of episodes	Diarrhea # of episodes	Other (specify)	Rapid Antigen Test (RAT) collection	COVID-19 RAT result (+/-)	Molecular Test collection	COVID-19 molecular test result (+/-)	Other Resp. Viruses molecular test result (specify agent)	Antibiotic Treatment	Antiviral Prophylaxis	Antiviral Treatment	Clinical / X-ray evidence of pneumonia	Hospitalization	Hospital Discharge Date	Death	Resolved / Isolation Discontinued	
Full Name:		___/___/___ yyyy/mm/dd																									
Gender:	**Immunization Status**																										
	Influenza:	**COVID-19:**																									
Date of birth: ____/___/___ yyyy/mm/dd	☐ No ☐ Yes	# of doses: _____																									
	Date: ___/___/___ yyyy/mm/dd	**Last Dose:** ___/___/___ yyyy/mm/dd																									
Full Name:		___/___/___ yyyy/mm/dd																									
Gender:	**Immunization Status**																										
	Influenza:	**COVID-19:**																									
Date of birth: ____/___/___ yyyy/mm/dd	☐ No ☐ Yes	# of doses: _____																									
	Date: ___/___/___ yyyy/mm/dd	**Last Dose:** ___/___/___ yyyy/mm/dd																									

Respiratory Case Definition: Any resident with 2 or more of the following (new or worsening) symptoms: ☐fever ☐cough ☐nasal congestion/runny nose ☐sore throat/hoarse voice ☐malaise ☐shortness of breath ☐other (specify)_____