

Staff 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: _____

Date Reported to Public Health: _____

Investigator: _____

Page No: _____

Facility Contact Person: _____

Telephone: _____

Fax: _____

Staff Information	Onset Date yyyy/mm/dd	Symptoms (new or worsening)										Diagnostics				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 date	COVID-19 RAT result (+/-)	Molecular Test collection date	Molecular Test result (specify COVID-19 and/or Other Resp. Virus)			
Full Name:	____/____/____ yyyy/mm/dd																	
Date of birth (if known):	____/____/____ yyyy/mm/dd																	
Immunization Status		Work Location (Home Area):										Comments:						
Influenza: <input type="checkbox"/> No <input type="checkbox"/> Yes	COVID-19: <input type="checkbox"/> No <input type="checkbox"/> Yes	Position/Role:																
Date: ____/____/____ yyyy/mm/dd	Last Dose: ____/____/____ yyyy/mm/dd	Last day worked AND PPE worn:																
		Outbreak related case? (Y / N):																
		Return to work date:																
Full Name:	____/____/____ yyyy/mm/dd																	
Date of birth (if known):	____/____/____ yyyy/mm/dd																	
Immunization Status		Work Location (Home Area):										Comments:						
Influenza: <input type="checkbox"/> No <input type="checkbox"/> Yes	COVID-19: <input type="checkbox"/> No <input type="checkbox"/> Yes	Position/Role:																
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Immunization Status		Work Location (Home Area):										Comments:						
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		Outbreak related case? (Y / N):																
		Return to work date:																

Respiratory Case Definition: Any staff 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) _____

