Respiratory Outbreak Line Listing – Outbreak Number: 2236 - ________ - ________

To be reviewed and faxed daily to 905-825-1009 by 11:00 a.m.

Facility: ______________________________ **Area:** ________________________ **Date Reported to Public Health:** ___________________________ **Investigator:** ___________________________ **Page No:** ____

Facility Contact Person: _________________________________

Telephone: ____

Fax: ____

Personal Information	Location Room #	Date of Onset	Date of Symptoms __/__/__ yyyy/mm/dd	Symptoms							Lab/Test Results		Tx		Complications				Status		Signature
				Record Today's Temperature	Fever (✓)	Nasal Congestion	Sore throat/ Hoarse Voice	Cough	Malaise	Atypical Sx Specify:	Nasopharyngeal swab (date d/m)	Result (date d/m)	Antibiotic (date started d/m)	Antiviral (date started d/m)	Pneumonia (date d/m)	Hospitalization: Admit Date (d/m)	Hospitalization C/D Date (d/m)	Death (date d/m)	Symptoms Resolved (date d/m)	Isolation discontinued (date d/m)	
Full Name:		__/__/__ yyyy/mm/dd	/ /																		
			/ /																		
Date of Birth:	**Immunization Status**		/ /																		
______/_____/_____ yyyy/mm/dd	**Flu:**	**Pneumo:**	/ /																		
Gender:	☐ Yes	☐ No	/ /																		
	☐ Yes	☐ No	/ /																		
Full Name:		__/__/__ yyyy/mm/dd																			
			/ /																		
Date of Birth:	**Immunization Status**		/ /																		
______/_____/_____ yyyy/mm/dd	**Flu:**	**Pneumo:**	/ /																		
Gender:	☐ Yes	☐ No	/ /																		
	☐ Yes	☐ No	/ /																		
Full Name:		__/__/__ yyyy/mm/dd	/ /																		
			/ /																		
Date of Birth:	**Immunization Status**		/ /																		
______/_____/_____ yyyy/mm/dd	**Flu:**	**Pneumo:**	/ /																		
Gender:	☐ Yes	☐ No	/ /																		
	☐ Yes	☐ No	/ /																		

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

COVID-19 Case Definition: Any resident with 1 or more (new or worsening) symptoms compatible with COVID-19 (as per most recent Ministry of Health Document: COVID-19 Reference Document for Symptoms**)**

May 2020