

# 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)			
<b>Full Name:</b>	____/____/____ yyyy/mm/dd																	
<b>Date of birth (if known):</b>	____/____/____ yyyy/mm/dd																	
<b>Immunization Status</b>		Work Location (Home Area):										<b>Comments:</b>						
<b>Influenza:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>COVID-19:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Position/Role:																
<b>Date:</b> ____/____/____ yyyy/mm/dd	<b>Last Dose:</b> ____/____/____ yyyy/mm/dd	Last day worked <b>AND</b> PPE worn:																
		Outbreak related case? (Y / N):																
		Return to work date:																
<b>Full Name:</b>	____/____/____ yyyy/mm/dd																	
<b>Date of birth (if known):</b>	____/____/____ yyyy/mm/dd																	
<b>Immunization Status</b>		Work Location (Home Area):										<b>Comments:</b>						
<b>Influenza:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>COVID-19:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Position/Role:																
<b>Date:</b> ____/____/____ yyyy/mm/dd	<b>Last Dose:</b> ____/____/____ yyyy/mm/dd	Last day worked <b>AND</b> PPE worn:																
		Outbreak related case? (Y / N):																
		Return to work date:																
<b>Full Name:</b>	____/____/____ yyyy/mm/dd																	
<b>Date of birth (if known):</b>	____/____/____ yyyy/mm/dd																	
<b>Immunization Status</b>		Work Location (Home Area):										<b>Comments:</b>						
<b>Influenza:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>COVID-19:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Position/Role:																
<b>Date:</b> ____/____/____ yyyy/mm/dd	<b>Last Dose:</b> ____/____/____ yyyy/mm/dd	Last day worked <b>AND</b> PPE worn:																
		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) \_\_\_\_\_

