

# Outbreak - Respiratory Line List - Staff (SVC-ID)

**Outbreak Number 2 2 3 3 - 2 0 2** \_ - \_ \_ \_



Facility: \_\_\_\_\_

Unit: \_\_\_\_\_ Date declared: \_\_\_\_\_

Telephone: \_\_\_\_\_

Total staff in Unit: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_

Total Staff with Facility: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Pathogen: \_\_\_\_\_ Date identified: \_\_\_\_\_

**Fax Daily to Grey Bruce Health Unit: 519-376-4152**

Case Information					Symptoms												Diagnosis / Prophylaxis				Outcomes					
Name	Department	Last day worked	Received <b>Flu Vaccine</b> (Y/N)	# <b>COVID-19 Vaccine</b> doses	Date of Onset	Abnormal Temperature / fever	Chills	Cough (dry or productive)	Shortness of Breath	Sore throat / Hoarseness / Difficulty Swallowing	Runny Nose / sneezing / Nasal Congestion	Olfactory or Taste Disorder (new)	Nausea / Vomiting	Diarrhea	Myalgia (muscle pain)	Fatigue / Malaise	Headache	*Other	None	Rapid Antigen Test (date, + / -)	NP Swab Collected (date)	COVID Results (+ / -)	Flu Antiviral Prophylaxis (date)	Date of Last Symptom	Return to Work Date	