

# Respiratory Outbreak Line Listing – Outbreak Number: 2236 - \_\_\_\_\_ - \_\_\_\_\_

Review and submit 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: \_\_\_\_\_

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 D/C Date (d/m)	Death (date d/m)	Resolved (date d/m)	

<b>Full Name:</b>		/ / yyyy/mm/dd	/ /																			
<b>Date of Birth:</b> / / yyyy/mm/dd	<b>Immunization Status</b>		/ /																			
	<b>Flu:</b> <input type="checkbox"/> No	<b>COVID-19:</b> <input type="checkbox"/> No	/ /																			
<b>Gender:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <b>Last Dose:</b> / / yyyy/mm/dd	/ /																			

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	<b>Flu:</b> <input type="checkbox"/> No	<b>COVID-19:</b> <input type="checkbox"/> No	/ /																			
<b>Gender:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <b>Last Dose:</b> / / yyyy/mm/dd	/ /																			

**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) \_\_\_\_\_

