

Respiratory Outbreak Staff Line Listing

Outbreak Number: 2236 - _____ - _____

Review and submit 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: _____			Symptoms							Testing (if known)		Status
First Name, Last Initial	Immunization Status	Symptom Onset Date	Fever / abnormal temp	Runny Nose / Sneezing	Nasal Congestion	Sore throat / Hoarse voice	Cough	Malaise	Other - Specify:	NPS collected? (date)	NPS result (date)	Sx. Resolved (date d/m)
	Flu: <input type="checkbox"/> No <input type="checkbox"/> Yes COVID-19: <input type="checkbox"/> No <input type="checkbox"/> Yes Last Dose: <u> </u> / <u> </u> / <u> </u> <small>yyyy/mm/dd</small>	<u> </u> / <u> </u> / <u> </u> <small>yyyy / mm / dd</small>										
Work location (Unit) _____			Position/Role _____					Last Day Worked <u> </u> / <u> </u> / <u> </u> <small>yyyy / mm / dd</small>				
	Flu: <input type="checkbox"/> No <input type="checkbox"/> Yes COVID-19: <input type="checkbox"/> No <input type="checkbox"/> Yes Last Dose: <u> </u> / <u> </u> / <u> </u> <small>yyyy/mm/dd</small>	<u> </u> / <u> </u> / <u> </u> <small>yyyy / mm / dd</small>										
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Respiratory Outbreak Case Definition: Any staff with 2 or more of the following (new or worsening) symptoms: fever cough runny nose/sneezing nasal congestion sore throat/hoarse voice malaise other (specify) _____

