Thunder Bay District Health Unit

RESPIRATORY OUTBREAK LINE LISTING - *RESIDENT DATA*

INSTITUTION: _____ **OUTBREAK #** _____

Case Identification						Symptoms													Complications				Diagnostics			Vaccine		Medications		Status	
Consecutive Numbering	Name	Floor	Room	Gender (M / F)	Age	Onset Date of First Symptoms	Abnormal Temperature	Chills	Runny Nose/Sneezing	Nasal Conjestion/Stuffy Nose	Sore Throat	Hoarseness/Difficult Swallowing	Dry Cough (new)	Productive Cough (new)	Myalgia	Malaise	Headache	Poor Appetite	Other - please specify	Bronchitis (date - d/m)	Pneumonia (date - d/m)	Hospitalization (date -d/m)	Death (date - d/m)	Nasophayngeal (date -d/m)	Result (date - d/m)	Pneumonia - date of X-ray	Flu Vaccine (date - d/m)	Pneuno Vaccine (date - d/m)	Anti-viral (date - d/m)	Antibiotic (date - d/m)	Isolation - Date Started	Date Resolved