

STAFF: Respiratory/COVID Outbreak Line Listing Form



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|-------------------|-------|------------------------|-------------------------------|
| Institution Name: | Unit: | Outbreak Number: 2262- | Date Reported to Health Unit: |
|-------------------|-------|------------------------|-------------------------------|

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| Causative Agent: | Contact Person: | PHN: |
|------------------|-----------------|------|

| Case Identifiers | | | | Symptom Information | | | | | | | | | | | Testing | | Exclusion | | | Immunization | | | Outcome | | Notes/ Comments | | | | |
|------------------|-------------|----------|--------------|---------------------|--------------------------|-------------------------------|--------------------------|-------------------------------|-------|--------|-------------------------------|-------------------|----------|--------|----------|----------|-----------------------------|--|-----------------------------------|-------------------|------------------------|-----------------------|-----------------------------|--------------------------------------|---|------------------------------|-----------------------|-----------------|------------------|
| # | Name | DOB | Areas Worked | Symptom Onset Date | Cough - new or worsening | Shortness of breath / Dyspnea | Sore Throat / Hoarseness | Nasal Congestion / Runny nose | Fever | Chills | Myalgia (muscle aches / pain) | Fatigue / Malaise | Headache | Nausea | Vomiting | Diarrhea | Other (specify in comments) | Nasopharyngeal Swab (Date and type) | Result: Positive (P), Negative(N) | Last Date of Work | Date Symptoms Resolved | Date Returned to Work | # of COVID-19 immunizations | Date of most recent COVID-19 Vaccine | Date of Influenza Immunization (mm/dd/yy) | Hospitalized Date (dd/mm/yy) | Death Date (dd/mm/yy) | Notes/ Comments | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Case Definition: |
| 1 | Last, First | 4-Mar-37 | Kitchen/2B | 1-Aug | x | | | | | | x | | | | | | | PCR 1/8/2023 | P | 1-Aug | 3-Aug | 4-Aug | 3 | 1-Jan-23 | 26-Oct-22 | | | Paxlovid | |
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