

LINE LISTING – ASYMPTOMATIC DATA Swab for COVID-19

Secure Fax Line # 613-345-5777 Please complete and fax to the Leeds, Grenville and Lanark District Health Unit.

Date:		Outbreak Number: 2243-			Contact Name:				# of Pages:
Facility/Institution Name:							<input checked="" type="checkbox"/> Choose one only: Resident Data <input type="checkbox"/> Staff Data		
ONSET DATE:									
CASE IDENTIFICATION					LABORATORY TEST		Fully Immunized? (Y/N)	Exposures? (Y/N)	COMMENTS If Exposures = YES please list dates/units/nature of infection (e.g. staff, resident, visitor)
Case No.	Name	Gender	Date of Birth (yyyy/mm/d)	Room/Location	Test Date (yyyy/mm/d)	Result <input checked="" type="checkbox"/>			
						Positive Negative	YES NO	YES NO	
						Positive Negative	YES NO	YES NO	
						Positive Negative	YES NO	YES NO	
						Positive Negative	YES NO	YES NO	
						Positive Negative	YES NO	YES NO	
						Positive Negative	YES NO	YES NO	
						Positive Negative	YES NO	YES NO	
						Positive Negative	YES NO	YES NO	
						Positive Negative	YES NO	YES NO	