

Line Listing – COVID-19 Daily Status Report

Please complete and fax to the Leeds, Grenville and Lanark District Health Unit by 10:00 a.m. each day.

Secure Fax Line # 613-345-5777

Date:	Outbreak Number: 2243-	Contact Name:	Number of Pages:
Institution Name:		<input checked="" type="checkbox"/> Choose one only: <input type="checkbox"/> Staff Data <input type="checkbox"/> Resident Data	

Case Definition - Any resident or staff member with illness onset from (date): _____ **who is experiencing one or more typical or atypical symptoms of COVID-19.**

Case Identification				Symptoms * <i>When assessing for symptoms, evaluate whether they are new, worsening, or different on individual's baseline health status.</i>															Specimens			Complications											
Case Number (Sequentially)	Name	Floor, Room #	Gender (F/M)	Date of Birth (yyyy/m/d)	Onset date of first symptoms (yyyy/m/d)	Fever ≥ 37.8 ° C / 100 ° F	Cough	Shortness of Breath	Runny Nose / Nasal Congestion	Loss of Taste / Smell	Nausea / Vomiting	Diarrhea	Abdominal Pain	Chills	Headache	Conjunctivitis	Fatigue/Lethargy/Malaise	Muscle Aches	Decreased Appetite	Hypoxia O ² sat < 92%	Delirium	Increased Falls	Acute Functional Decline	Tachycardia	Low Blood Pressure	Other	Nasopharyngeal swab (date m/d)	Positive Result (date m/d)	Negative Result (date m/d)	Hospitalization Date (yyyy/m/d)	Death Date (yyyy/m/d)		

