

CHP IDP RESPIRATORY LINE LIST E FORM - 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 any two of the following symptoms:																		
Case Identification				Symptoms												Specimens/ Diagnosis		Prophylaxis/Treatment					Complications							
Case Number (sequentially)	Name & Location (Floor, Room)			Gender (F/M)	Date of Birth (yyyy/m/d)	Onset date of first symptoms (date m/d)	Abnormal temperature °C	Cough (dry)	Productive cough (new)	Nasal congestion / stuffy nose	Sore throat	Hoarseness / Difficulty swallowing	Chills	Myalgia (sore muscles)	Malaise / Fatigue	Runny nose / sneezing	Headache	Poor appetite	Other (i.e. shortness of breath)	Nasopharyngeal swab (date m/d)	Result (date m/d)	Tamiflu Treatment Dose (date m/d)	Tamiflu Prophylaxis (date m/d)	Flu vaccine (date m/d)	Pneumovax vaccine (date m/d)	Antibiotic (date m/d)	Bronchitis (date m/d)	Pneumonia confirmed by Chest X-Ray	Hospitalization (date m/d)	Death (date m/d)
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Line Listing – Respiratory Daily Status Report

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