

RESPIRATORY LINE LISTING

Facility Name:	Total # staff / resident in facility: /
Unit Name:	Total # staff / resident on unit : /
IF APPLICABLE: Outbreak Number #2244/2023/ Potential Declared (yy/mm/dd):	Active Declared (yy/mm/dd):
□ resident line list □ staff line list	

	Personal Data	me	ntal st		s, acu	te functio	onal decline	d, par	ticula	rly in	elderly	persons:	fatigue/malais ained tachycar					ing		Isolatio suspec Measu	t case res)	Comments Please include roommate if applicable (A – asymptomatic,				
T																	COVID-19 Resp Pan		Panel	Isolatio	on	Hospital Died		S – symptomatic)		
	Name/Age/DOB/ Ontario Health Card Number	Room Unit	Onset yy/mm/dd	Fever	Cough (P – productive, D- dry)	SOB	Runny nose (R) Sneezing (S)	Sore Throat (S) Difficulty Swallowing (D) Hoarse Voice (H)	Nausea (N) Vomiting(V)	Diarrhea	Abdominal pain	New olfactory or taste disorder	Pneumonia C-clinical R-radiological	Atypical Presentation (see above; please specify)	Additional symptoms	Meets suspect case	Meets case	Swabbed yy/mm/dd	Results yy/mm/dd	Swabbed yy/mm/dd	Results yy/mm/dd	Date in yy/mm/dd	Date out yy/mm/dd	ER or admitted DX yy/mm/dd	hp/mm/yy	

The Personal Information on this form is collected under the authority of the Health Protection and Promotion Act and applicable privacy legislation. This information will be used for delivery of public health programs and services and may be used for evaluation or statistical/research purposes. Any questions about the collection of this information should be directed to the MLHU Privacy Officer, Middlesex-London Health Unit, 355 Wellington Street, London, ON N6A 3N7, (519) 663-5317 (ask to speak to infectious disease control team) Fax: (519)663-8241 or e-mail: privacy@mlhu.on.ca



RESPIRATORY LINE LISTING

Facility Name:	Total # staff / resident in facility: /
Unit Name:	Total # staff / resident on unit : /
IF APPLICABLE: Outbreak Number #2244/2023/ Potential Declared (yy/mm/dd):	Active Declared (yy/mm/dd):
□ resident line list □ staff line list	

	Personal Data	me	ntal s	tatus, fall	ls, acu		onal declin	ed, par	rticula	arly in	elderly	persons:	fatigue/malais ained tachycar					Test			suspec Measu	t case res)	Outcon ymptomatic (k definition in C	Comments Please include roommate if applicable (A – asymptomatic, S – symptomatic)			
#	Name/Age/DOB/ Ontario Health Card Number	Room Unit	Onset yy/mm/dd	Fever	Cough (P – productive, D- dry)	SOB	Runny nose (R) Sneezing (S)	Sore Throat (S) Difficulty Swallowing (D) Hoarse Voice (H)	Nausea (N) Vomiting(V)	Diarrhea	Abdominal pain	New olfactory or taste disorder	Pneumonia C-clinical R-radiological	Atypical Presentation (see above; please specify)	Additional symptoms	Meets suspect case	Meets case	Swabbed yy/mm/dd	Results yy/mm/dd	Swabbed yy/mm/dd	Results yy/mm/dd	Date in yy/mm/dd	Date out yy/mm/dd		ER or admitted DX yy/mm/dd	Died pp/mm///	3 symptomatic)
														7 0 8													

The Personal Information on this form is collected under the authority of the Health Protection and Promotion Act and applicable privacy legislation. This information will be used for delivery of public health programs and services and may be used for evaluation or statistical/research purposes. Any questions about the collection of this information should be directed to the MLHU Privacy Officer, Middlesex-London Health Unit, 355 Wellington Street, London, ON N6A 3N7, (519) 663-5317 (ask to speak to infectious disease control team) Fax: (519)663-8241 or e-mail: privacy@mlhu.on.ca



RESPIRATORY LINE LISTING

Facility Name:	Total # staff / resident in facility: /
Unit Name:	Total # staff / resident on unit : /
IF APPLICABLE: Outbreak Number #2244/2023/ Potential Declared (yy/mm/dd):	Active Declared (yy/mm/dd):
□ resident line list □ staff line list	

	□ resident line list		aff line li	131																							
	Personal Data		me	Symptoms (new or worsened) Atypical presentations should be considered, particularly in elderly persons: fatigue/malaise, altered mental status, falls, acute functional decline, chills, headache, croup, unexplained tachycardia and hypoxia, decrease in blood pressure															Testing COVID-19 Resp Panel					Outcon ymptomatic (k definition in O	Comments Please include roommate if applicable (A – asymptomatic, S – symptomatic)		
#	Name/Age/DOB/ Ontario Health Card Number	Room Unit	Onset yy/mm/d <mark>d</mark>	Fever	Cough (P – productive, D- dry)	SOB	Runny nose (R) Sneezing (S)	Sore Throat (S) Difficulty Swallowing (D) Hoarse Voice (H)	Nausea (N) Vomiting(V)	Diarrhea	Abdominal pain	New olfactory or taste disorder	Pneumonia C-clinical R-radiological	Atypical Presentation (see above; please specify)	Additional symptoms	Meets suspect case	Meets case	Swabbed yy/mm/dd	Results yy/mm/dd	Swabbed yy/mm/dd	Results yy/mm/dd	Date in yy/mm/dd	Date out yy/mm/dd		ER or admitted DX yy/mm/dd	pp/ww///	

The Personal Information on this form is collected under the authority of the Health Protection and Promotion Act and applicable privacy legislation. This information will be used for delivery of public health programs and services and may be used for evaluation or statistical/research purposes. Any questions about the collection of this information should be directed to the MLHU Privacy Officer, Middlesex-London Health Unit, 355 Wellington Street, London, ON N6A 3N7, (519) 663-5317 (ask to speak to infectious disease control team) Fax: (519)663-8241 or e-mail: privacy@mlhu.on.ca