



RESPIRATORY LINE LISTING

Name of Facility: _____ Unit: _____ Unit Census: _____ Outbreak #: 2244 - _____ - _____

Facility Census: _____

Resident Line List Staff Line list Case Definition: _____

Personal Data		Symptoms (new or worsened)										Vaccine Received			Prophylaxis Treatment			Abx started			Tests/Diagnostics			Outcome			Comments		
																					Respiratory Virus		Pneumonia		Other	Hospital		Died	Isolated
#	Name/Age/DOB	Room Unit	Symptom Onset y/m/d	Fever	Cough (D-dry; P-productive)	Sore Throat	Malaise	Nasal congestion	Headache	Runny nose	SOB/ lower resp signs/sx	Meets Case def'n	Influenza/flu	Pneumonia	Started y/m/d	Date Switched Dose	y/m/d	Direct y/m/d	PCR/Culture y/m/d	Clinical y/m/d	CXR y/m/d	Other	admitted y/m/d	Diagnosis	Date y/m/d	Date in	Date out		

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, 50 King Street, London, ON N6A 5L7, (519) 663-5317 x2251 Fax: (519)663-9413 or e-mail: privacy@mlhu.on.ca