

Line Listing for Long Term Care Residents: Viral Respiratory Infection



Facility Name _____ Facility Contact Person _____ Phone Number _____ Outbreak # _____

Date Reported	Room Number	Unit Name	Resident Name	Date of Birth	Health Card Number	Date of Symptom Onset	Fever (temp ≥ 37.8° C) chills or sweats	Cough	Difficulty breathing /SOB	Loss or change in sense of smell or taste	Sore throat	Runny nose/Nasal congestion/Excessive sneezing	Headache	Extreme fatigue/Tiredness	Atypical symptoms, including but not limited to muscle aches, nausea, vomiting, or diarrhea	Change in baseline, including confusion/delirium (Specify under Comments)	Date Specimen Collected	Influenza Lab-Confirmed	COVID-19 Lab-Confirmed	RSV Lab-Confirmed	Hospitalization	Death	Comments		