Appendix H: Line List – Resident

Today's Date: Facility: Affected Unit:

Outbreak Surveillance Form - Patients/Residents/Clients

RI Case Definition (resident must meet case definition to be listed):

- New or worsening cough **and/or** fever (greater than 38°C, or a temperature that is abnormal for that individual) **AND**
- At least one of the following symptoms: myalgia/arthralgia, prostration, sore throat, shortness of breath, headache

Legal Name (Last, First)	YHIS #	**Room #**	**Gender**	**DOB** YYYY/MM/DD	**Date of Symptom onset** YYYY/MM/DD	**Symptoms (List all that meet RI definition)** **C**=cough **F**=Fever **M/A**=myalgia/arthralgia **P**= prostration **ST**=sore throat SOB=shortness of breath **H**=headache	**Swab Collection Date** YYYY/MM/DD	**Swab Result** (POS, NEG, or IND)	**Name and start date of Antivirals** YYYY/MM/DD **O**=Oseltamivir **Z**=Zanamivir **P**=Paxlovid	**Start date isolation** YYYY/MM/DD	**Date isolation ended** YYYY/MM/DD	**Severe Outcomes** (YYYY/MM/DD)			**Recovered** YYYY/MM/DD
												X-ray pneumonia	**Hospitalization**	**Death**	