



Today's Date:

Facility:

Affected Unit:

Outbreak Surveillance Form – Healthcare Staff

RI Case Definition (staff 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/arthritis, prostration, sore throat, shortness of breath, headache

Legal Name (Last, First)	Gender	DOB YYYY/MM/DD	Occupation	Date last worked on affected unit YYYY/MM/DD	Symptoms (List all that meet RI case definition) C=cough F=Fever M=myalgia P= prostration ST=sore throat SOB=shortness of breath H-headache	Swab Collection Date YYYY/MM/DD	Result (POS, NEG, or IND)	Name and date of antivirals YYYY/MM/DD O= Oseltamivir Z=Zanamivir P=Paxlovid	Severe Outcomes (YYYY/MM/DD)			Recovered (YYYY/MM/DD)
									X-ray pneumonia	Hospitalization	Death	