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| **INSTITUTIONAL OUTBREAK LINE LISTING RECORD** [ ]  **Residents/Patients/Clients** [ ]  **Staff**  | **Location:**       |
| OUTBREAK NUMBER: 2247-- | Facility Contact Name:       | Total Number  | Date of Index Case:     yyyy/mm/dd | Date Health Unit Notified:      yyyy/mm/dd | Date Declared Over:      yyyy/mm/dd |
| Facility Name:       | Tel:      Email:      Fax:       | # Staff:      | # Residents/Patients/Clients:      |  |  |  |
| Unit/Room #/ Occupation | Name(Last name, First name)*Print name out in full*M/F/Other |  Gender Sex  | For Residents, EnterDate of Birthyyyy/mm/ddFor Staff, EnterLast Day Workedyyyy/mm/dd | Symptom Onset Date & Timeyyyy/mm/dd | Specimenyyyy/mm/dd Result | Vaccination (Optional) | Treatment (Optional) | Daily ProgressMonth:       Year:       |
|  |  |  |  |  |  |  |  |   dd |   dd |   dd |   dd |   dd |   dd |   dd |   dd |   dd |   dd |   dd |   dd |
|       |       |    |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
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| General **enteric** case definition: 2 or more episodes of vomiting and/or diarrhea in 24 hours. | General **respiratory** case definition: 2 or more new symptoms of respiratory illness or positive laboratory result. | Comments:      |
| **Check all that apply.** | **Check all that apply.** |  |
| **D** =Diarrhea |[ ]  **F** = Fever/AbnormalTemperature |[ ]  **Dc** = Dry Cough |[ ]  **H** = Headache |[ ]   |
| **V** = Vomiting |[ ]  **SF** = Symptom Free |[ ]  **Pc** = Productive Cough |[ ]  **F** = Fever/Abnormal Temperature |[ ]   |
| **N** = Nausea |[ ]  **RC** =Recovered |[ ]  **ST** = Sore throat/hoarseness |[ ]  **Pne** = Pneumonia [CXR+] |[ ]   |
| **C** = Abdominal Cramps |[ ]  **Hos** = Hospitalization |[ ]  **Nd** = Nasal Discharge/Congestion |[ ]  **SF** = Symptom Free |[ ]   |
| **H** = Headache |[ ]  **Dec** = Deceased |[ ]  **T** = Tiredness |[ ]  **RC** =Recovered |[ ]   |
| **T** = Tiredness |[ ]   |[ ]  **M** = Muscle Aches |[ ]  **Hos** = Hospitalization\*Please indicate if hospitalization is due to outbreak related illness. |[ ]   |
|  |[ ]   |[ ]  **Dec** = Deceased |[ ]   |[ ]   |
|  |[ ]   |[ ]  **LS** = Abnormal lung sounds (crackles, rales, wheezes) |[ ]   |
| **Complete and fax DAILY by 11:00am to 705-482-0670.** |