

## Tool 27: Resident Illness Report and Tracking Form - Resident Illness Reporting

### Tool 27: **RESIDENT Illness Report and Tracking Form**

**COMPLETE ONE FORM PER UNIT**

\*Please do not enter data for multiple units on one form!

**MANDATORY SECTIONS IN GREY**

If you already have a Cerberus account, upload form [here](#). If not, please email for an upload link at [covidintakehub@fraserhealth.ca](mailto:covidintakehub@fraserhealth.ca).

Guide to how to fill out and submit form [here](#)

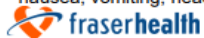
SECTION A: ENTRY/UNIT/FACILITY INFORMATION			
Please Print Full Unit Name <b>Unit Name:</b>		# Of Residents On Unit:	
Please Print Full Name <b>Facility Name:</b>		Unit Type: <input type="checkbox"/> LTC <input type="checkbox"/> AL/IL <input type="checkbox"/> AL <input type="checkbox"/> LTC/AL	
Date Public Health Contact Notified: DD/MM/YYYY	Time Public Health Contact Notified (HH:MM):		Date Antiviral Prophylaxis Initiated (FOR FLU ONLY):
Form Completed By:	Telephone (Direct Line):	Telephone (After Hours):	DD/MM/YYYY
SECTION B: IMMUNIZATION INFORMATION			
Total # Of Residents In The Facility:	Total # Of Residents Vaccinated For Flu In The Facility:	Total # Of Residents Vaccinated For COVID In The Facility <sup>^</sup> :	

<sup>^</sup> Vaccinated for COVID-19 defined as: Primary series (3 doses) + 1 booster dose within the past 6 months

SECTION C: ENTRY INFORMATION						
DATE OF REPORT: DD/MM/YYYY	FIRST REPORT: UPDATE #6:	UPDATE #1:	UPDATE #2:	UPDATE #3:	UPDATE #4:	UPDATE #5:
	UPDATE #6:	UPDATE #7:	UPDATE #8:	UPDATE #9:	UPDATE #10:	UPDATE #11:

SECTION D: RESIDENT INFORMATION																	
Name Of Resident (Last Name, First Name)	Care Card Number (PHN)	Sex M/F	Age	Symptomatic? Y/N	Date Onset Of First Symptom MM DD	Swab Taken? Y/N	If Swab Taken, Any Positive Test Result(s)? Please leave blank if pending results	Lab Result				If Applicable					
								Collection Date of FIRST Positive PCR Test		Name Of Virus Detected by PCR	Collection Date of FIRST Positive COVID RAT Test	Date Resident Isolated	Date Flu Antiviral Treatment Started	Date Resident Admitted To Hospital	Date Of Resident's Death		
								MM	DD							MM	DD
							<input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only			<input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV							
							<input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only			<input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV							
							<input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only			<input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV							
							<input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only			<input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV							
							<input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only			<input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV							
							<input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only			<input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV							
							<input type="checkbox"/> Yes <input type="checkbox"/> No Indeterminate results only			<input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV							

\* VIRAL RESPIRATORY ILLNESS SYMPTOMS: including fever, cough (new or worse), sore throat or painful swallowing, body aches, extreme fatigue, diarrhea, difficulty breathing, nausea, vomiting, headache, loss of appetite, chills, and/or runny nose. SYMPTOMS MORE SPECIFIC TO COVID-19: Loss of sense of smell or taste.



VIRAL RESPIRATORY OUTBREAK PROTOCOL AND TOOLKIT FOR RESIDENTIAL CARE FACILITIES  
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PAGE OUT OF

