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.
Guide to how to fill out and submit form here

SECTION A: ENTRY/UNIT/FACILITY INFORMATION

Please Print Full Unit Name	Unit Name:	# Of Residents On Unit:	
Please Print Full Name	Facility Name:	Unit Type:	☐ LTC ☐ AL/IL ☐ AL ☐ LTC/AL
Date Public Health Contact Notified: DD/MMM/YYYY	Time Public Health Contact Notified (HH:MM):	Date Antiviral Prophylaxis Initiated (FOR FLU ONLY): DD/MMM/YYYY	
Form Completed By:	Telephone (Direct Line):	Telephone (After Hours):	

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^:

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

SECTION C: ENTRY INFORMATION

DATE OF UPDATE: DD/MMM/YYYY						
	FIRST REPORT:	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	Age	Symptomatic*?	Date Onset Of First Symptom		Swab Taken?	Lab Result: If Swab Taken, Any Positive Test Result(s)? *Please leave blank if pending results*	Lab Result: Collection Date of FIRST Positive PCR Test		Lab Result: Name Of Virus Detected by PCR	Collection Date of FIRST Positive COVID RAT Test		If Applicable: Date Resident Isolated		If Applicable: Date Flu Antiviral Treatment Started		If Applicable: Date Resident Admitted To Hospital		If Applicable: Date Of Resident's Death	
		M/F		Y/N	MM	DD	Y/N		MM	DD		MM	DD	MM	DD	MM	DD	MM	DD	MM	DD
								☐Yes ☐No ☐Indeterminate results only			☐FLU A ☐COVID-19 ☐FLU B ☐RSV										
								☐Yes ☐No ☐Indeterminate results only			☐FLU A ☐COVID-19 ☐FLU B ☐RSV										
								☐Yes ☐No ☐Indeterminate results only			☐FLU A ☐COVID-19 ☐FLU B ☐RSV										
								☐Yes ☐No ☐Indeterminate results only			☐FLU A ☐COVID-19 ☐FLU B ☐RSV										
								☐Yes ☐No ☐Indeterminate results only			☐FLU A ☐COVID-19 ☐FLU B ☐RSV										
								☐Yes ☐No ☐Indeterminate results only			☐FLU A ☐COVID-19 ☐FLU B ☐RSV										
								☐Yes ☐No ☐Indeterminate results only			☐FLU A ☐COVID-19 ☐FLU B ☐RSV										
								☐Yes ☐No ☐Indeterminate results only			☐FLU A ☐COVID-19 ☐FLU B ☐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.

fraserhealth VIRAL RESPIRATORY OUTBREAK PROTOCOL AND TOOLKIT FOR RESIDENTIAL CARE FACILITIES
VERSION: July 6, 2023

PAGE ___ OUT OF ___