Tool 27: Resident Illness Report and Tracking Form

RESIDENT RESPIRATORY ILLNESS REPORT

Update Daily for all viral Respiratory Illness Outbreaks

For new outbreaks or confirmed Influenza and COVID-19 Outbreaks, send daily to Public Health via Cerberus

FACILITY NAME:						NEIGHBOURHOOD, FLOOR OR OTHER AREA AFFECTED:												DATE PUBLIC HEALTH CONTACT NOTIFIED:										
						Name:						Total :	Total # of residents:															
TELEPHONE (DIRECT TO CONTACT PERSON):						AFTER HOURS TELEPHONE NUMBER (DIRECT TO CONTACT PERSON):												TIME PUBLIC HEALTH CONTACT NOTIFIED:										
FACILITY FAX NUMBER						EMAIL OF FACILITY CONTACT PERSON:												DATE ANTIVIRAL PROPHYLAXIS INTIATED:										
FORM COMPLETED BY: DATE OF FIRST REPORT:						DATE OF UPDATE 4:							DATE OF UPDATE 8:							DATE OUTBREAK DECLARED:								
DATE OF UPDATE 1: DATE OF UPDATE 2: DATE OF UPDATE 3:						DATE	DATE OF UPDATE 5:					DAT	E OF UPDATE 9															
							DATE OF UPDATE 6:					DATE OF UPDATE 10:						DATE OUTBREAK DECLARED OVER:										
					DATE OF UPDATE 7:						DATE OF UPDATE 11:						If applicable:											
First Name)		Card Number	Sex	Age	New or Worse Cough	Fever	Sore Throat, Joint Pain, ORMuscle Ache, Extreme Fatigue	Diarrhea	Other gastro- intestinal (e.g., nausea, vomiting)	Date Onset of First Symptom		Date Swab Test Taken		Swab Test Result: Negative or Name of Virus Found	Date of Last Influenz Vacc'n		Date Influenz Antivira for Treatme Started		Recovered	Date Resident Admitted to Hospital		Date of Resident's Death		Place of Resident's Death:	Date of Transfer from Acute Care during Outbreak or Date of New Admission to Facility			
	(PHN)		(M/F)		(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	ММ	DD	ММ	DD		мм	DD	ММ	DD	(Y/N)	ММ	DD	мм	DD	F/H	мм	DD		

^{*}Recovered is defined as 10 days from symptom onset or until symptoms are resolved, which ever takes longer

