

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			
<i>Please Print Full Unit Name</i> Unit Name:		# Of Residents On Unit:	
<i>Please Print Full Name</i> Facility Name:		Facility Type : LTC 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:	FIRST REPORT:	UPDATE #1:	UPDATE #2:	UPDATE #3:	UPDATE #4:	UPDATE #5:
DD/MMM/YYYY	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 ?	If Swab Taken, Any Positive Test Result(s)? <i>Please leave blank if pending results</i>	Lab Result		Collection Date of FIRST Positive PCR Test	Name Of Virus Detected by PCR	Collection Date of FIRST Positive COVID RAT Test	If Applicable										
					MM	DD			MM	DD				MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	
																								Y/N
		M/F		Y/N	MM	DD	Y/N	Yes No Indeterminate results only	MM	DD		FLU A COVID-19 FLU B RSV	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												

* 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.