

VRI Cluster/Outbreak Line List (Staff)

This line list is a worksheet to support direct care and frontline staff

Facility Name:						Unit:					
Demographics			Signs & Symptoms		Acute Sudden Onset Clinical Symptoms (✓ tick all that apply)						Primary Assignment & Notes
Initials	Position	Date of Last Shift	Onset Date	Date of Last S&S	Fever	Cough	Headache	Sore throat	Sore muscles/joints	Extreme fatigue	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fax daily to Public Health 604-731-2756

