Vancouver CoastalHealth

VRI Cluster/Outbreak Line List (Client)
This line list is a worksheet to support frontline staff

Facility Name:	Unit:

Demographics		NP Swab	Signs & Symptoms	Acute Sudden Onset Clinical Symptoms (✓ tick all that apply)								Acute Admit / Transfer Date Comments (i.e. vaccination; antiviral stop/start date)
Name (Last, First), DOB & PHN	Room	Date Sent	Onset Date & Time	Fever	Cough	Sore throat hoarseness	Runny or stuffy nose	Shortness of breath	Difficulty swallowing	Headache	Body aches	
	Bed #	Results	Resolved Date									