**VRI Cluster/Outbreak Line List (Client)**

**This line list is a worksheet to support frontline staff**

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| **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 | Chills | Sore throat hoarseness | Runny or stuffy nose | Shortness of breath | Loss of smell or taste | Severe weakness or fatigue | Swollen or tender glands in the neck | Body aches |  |
| **Bed #** | **Results** | **Resolved Date** | |
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