

VRI Cluster/Outbreak Line List (Resident)

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

Facility Name:				Unit:										
Demographics		NP Swab	Signs & Symptoms	Acute Sudden Onset Clinical Symptoms (✓ tick all that apply)								Comments <small>(i.e. Admissions & Transfers, vaccination; antiviral stop/start date, in hospital & other)</small>		
Name (Last, First), MRN, & PHN	Room	Date Sent	Onset Date	Fever	Cough	Headache /body aches	Sore throat/ Horse voice	Runny / stuffy nose	Shortness of breath	Difficulty swallowing	MRP notified	Family notified		
	Bed #	Assessment Date (24 hours day 5/7)	Bath Additional precautions D/C clean date (Y/N)											

