

## VRI Case/Cluster/Outbreak Line List (Resident)

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 <small>(i.e. vaccination; antiviral stop/start date)</small>		
Name (Last, First), MRN, & 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												

