*	simcoe muskoka
	DISTRICT HEALTH UNIT

## SIMCOE MUSKOKA DISTRICT HEALTH UNIT - CHILD CARE

## **RESPIRATORY LINE LIST - STAFF**

Name of Facility:	
ate Outbreak Declared:	Case Definition:
Outbreak Number:	

			Symptoms														Specimens				Resolution				
		bate of Birth	Work Area (e.g. toddler room, kitchen, office, etc.)	Last date at centre (yy/mm/dd)	Was staff sick at centre? (y/n)	Onset date of first symptom (yy/mm/dd)	bnormal temperature (°C)	Dry cough (new)		fy nose	Sore throat		Muscle pain (myalgia)	General feeling of unwell (malaise)	Headacne Decreased appetite	Decreased or loss of taste or smell	Extreme tiredness	lausea, Vomiting, and/or Diarrhea	hortness of breath	tther- please specify	Respiratory Swab completed (y/n)	Results (if known)	(Other symptoms, other test results,	Date	Date returned to centre (yy/mm/dd)
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