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| **Case #** (meets case definition) | **Case Demographics** | | **Isolation** | **Symptoms (new or worsening)** | | | | | | | | | | | | **Specimens**  **Diagnostics** | | | | **Vaccination / Treatment** | | | | | **Complications/Outcome** | | | | | **Comments** |
| **Case Name**  (Last, First) | **Unit/Room #** (resident)  **-OR-**  **Unit Worked/Role** (Staff) | **Isolation & additional precautions start date** (m/d) **OR** **Date of Last Shift** (m/d) | **Symptom onset date (m/d)** | Fever/Abnormal temp (°C) | New/worsening cough | Shortness of Breath/Difficulty Breathing | Hoarseness/Sore throat | Runny Nose/Nasal Congestion | Headache | Fatigue/malaise/myalgias | Nausea | Vomiting (# episodes) | Diarrhea (# episodes) | Other symptoms (specify) | Specimen Collection Date (m/d) | Type of Test & Result | Specimen Collection Date (m/d) | Type of Test & Result | | COVID-19 Vaccine (# doses) | Influenza Vaccine (m/d) | Antiviral Treatment (m/d) | Antibiotic Treatment (m/D) | **Clinical/radiological evidence pneumonia** (m/d) | **Hospitalization** (Y/N), **admit and discharge date** (m/d) | **Death, cause of death** (m/d) | **Resolved** (m/d) | **Out of Isolation** (m/d) **OR**  **Return to Work Date** (m/d) | **Roommates, Underlying Conditions etc.** |
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| **Outbreak Reported Date** | **Control Measures Started Date** | | **Symptom Onset Date of Index Case** | **Outbreak Case Definition** | |
| Click to enter text. | Click to enter text. | | Click to enter text. | Click to enter text. | |
| **Outbreak Facility Name/Affected Area(s)/Facility Contact Person** | | **Health Unit Contact Information** | | | |
| Click to enter text. | | **Elgin St. Thomas**  **Phone 519-631-9900/Fax 519-631-1682 (Mon-Fri 8:30 am – 4:30 pm)**  **Phone 519-631-9900 ext. 0 (after-hours and holidays)**  **Fax 519-631-1682** | | | **Woodstock**  **Phone 519-421-9901/Fax 519-539-6206 (Mon-Fri 8:30 am – 4:30 pm)**  **Phone** **519-421-9901 press ‘0’ (after-hours and holidays)**  **Fax 519-631-1682** |
| **Investigator Name and Extension:**  Click to enter text. | | | |

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| **Case Name**  (Last, First) | **Unit/Room #** (resident)  **-OR-**  **Unit Worked/Role** (Staff) | **Isolation & additional precautions start date** (m/d) **OR** **Date of Last Shift** (m/d) | **Symptom onset date (m/d)** | Fever/Abnormal temp (°C) | New/worsening cough | Shortness of Breath/Difficulty Breathing | Hoarseness/Sore throat | Runny Nose/Nasal Congestion | Headache | Fatigue/malaise/myalgias | Nausea | Vomiting (# episodes) | Diarrhea (# episodes) | Other symptoms (specify) | Specimen Collection Date (m/d) | Type of Test & Result | Specimen Collection Date (m/d) | Type of Test & Result | | COVID-19 Vaccine (# doses) | Influenza Vaccine (m/d) | Antiviral Treatment (m/d) | Antibiotic Treatment (m/D) | **Clinical/radiological evidence pneumonia** (m/d) | **Hospitalization** (Y/N), **admit and discharge date** (m/d) | **Death, cause of death** (m/d) | **Resolved** (m/d) | **Out of Isolation** (m/d) **OR**  **Return to Work Date** (m/d) | **Roommates, Underlying Conditions etc.** |
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