

# Line Listing for Long Term Care Residents: Viral Respiratory Infection 2026-2027

Facility Name: \_\_\_\_\_ Facility Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Outbreak #: \_\_\_\_\_

| Date Case Reported to Public Health<br>Enter date below: YY-MM-DD | Room Number | Unit Name | Resident Name | Date of Birth<br>Enter date below: YY-MM-DD | Health Card Number | Date Specimen Collected<br>Enter date below: YY-MM-DD | PCR test | POCT test | Symptomatic but not tested | Date of Symptom Onset<br>Enter date below: YY-MM-DD | Cough | Fever (temp ≥ 37.8° C) chills or sweats | Shortness of breath/difficulty breathing | Loss/change in sense of smell or taste | Sore throat, runny nose/nasal congestion/<br>excessive sneezing | Headache | Muscle Aches | Change baseline, including confusion/<br>delirium (specify under comments) | Unexplained symptoms* | Influenza lab-confirmed | COVID-19 lab-confirmed | RSV lab-confirmed | Hospitalization | Death | Comments |
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