



# COVID-19 Surveillance Form — Residents

This line list provides a template for data collection and active monitoring of residents and staff for respiratory illness during the COVID-19 pandemic. Include any residents and staff members with signs and symptoms of a respiratory illness (using the abbreviations and list at the bottom of page) to the log. Update the list at least once daily and share with public health as directed.

Facility:

Day:

Date:

Name	Date of birth	Location (Unit/Rm#)	Symptom onset date	Symptoms (use list below)	Hospitalization (If yes, list date transferred and which hospital)		COVID-19 testing? (List date collected and result, or indicate if pending)		Outcome Survived/Deceased (If deceased, include date of death, if known)		Flu test? List date collected and result, or indicate if pending)		Were tests done for other respiratory pathogens? (If yes, list date collected and results)	
					Date	Date	Date	Date of death	Date	Date				
					Y	N	Y	N	S	D	Y	N	Y	N
					Y	N	Y	N	S	D	Y	N	Y	N
					Y	N	Y	N	S	D	Y	N	Y	N
					Y	N	Y	N	S	D	Y	N	Y	N
					Y	N	Y	N	S	D	Y	N	Y	N
					Y	N	Y	N	S	D	Y	N	Y	N
					Y	N	Y	N	S	D	Y	N	Y	N
														S

Cough (C)  
Shortness of breath (SOB)

Fever (F)/Change in temp (list temp)  
Change in Mental Status (MS)

Change in Heart Rate (HR)  
Change in Blood Pressure (BP)

Change in Respiratory Rate (RR)  
Change in Pulse Ox (PO)



# COVID-19 Surveillance Form — Staff

This line list provides a template for data collection and active monitoring of residents and staff for respiratory illness during the COVID-19 pandemic. Include any residents and staff members with signs and symptoms of a respiratory illness (using the abbreviations and list at the bottom of page) to the log. Update the list at least once daily and share with public health as directed.

Facility:

Day:

Date:

Name	Date of birth	Job (Title/Role)	Symptom onset date	Symptoms (use list below)	Hospitalization (If yes, list date transferred and which hospital)		COVID-19 testing? (List date collected and result, or indicate if pending)		Outcome Survived/Deceased (If deceased, include date of death, if known)		Flu test? (List date collected and result, or indicate if pending)		Were tests done for other respiratory pathogens? (If yes, list date collected and results)	
					Date	Date	Date	Date of death	Date	Date				
					Y	N	Y	N	S	D	Y	N	Y	N
					Y	N	Y	N	S	D	Y	N	Y	N
					Y	N	Y	N	S	D	Y	N	Y	N
					Y	N	Y	N	S	D	Y	N	Y	N
					Y	N	Y	N	S	D	Y	N	Y	N
					Y	N	Y	N	S	D	Y	N	Y	N
					Y	N	Y	N	S	D	Y	N	Y	N
					Y	N	Y	N	S	D	Y	N	Y	N
					Y	N	Y	N	S	D	Y	N	Y	N

Cough (C)  
Shortness of breath (SOB)

Fever (F)/Change in temp (list temp)  
Change in Mental Status (MS)

Change in Heart Rate (HR)  
Change in Blood Pressure (BP)

Change in Respiratory Rate (RR)  
Change in Pulse Ox (PO)