

Resident Illness Line Listing

Date: _____ Unit/Floor: _____

Notify Region of Waterloo Public Health at 519-575-4400 x5506 immediately for any resident reporting the following symptoms:

Change in vital signs

- Abnormal temp
- Blood pressure low
- Hypoxia O2 < 90%

General unwellness

- Chills
- Headache
- Conjunctivitis/Pink eye
- Loss of appetite
- Malaise, tiredness
- Swollen glands

Gastro

- Abdominal pain/cramps
- Diarrhea
- Nausea
- Vomiting

Neuro-muscular

- Altered consciousness
- Falls
- Muscle aches
- Smell or taste changes

Respiratory

- Cough
- Nasal congestion
- Shortness of breath
- Sneezing, runny nose
- Sore throat, hoarseness
- Swallowing problems

Identifiers	Room #, type	Symptom: Details e.g. vomit 3 times after lunch	Date/time occured	Isolated?	NPS complete?	Flu shot?	Reported to Public Health?
Name: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other DOB: _____ HCN: _____ <input type="checkbox"/> Resident <input type="checkbox"/> Roommate			Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ <input type="checkbox"/> COVID <input type="checkbox"/> Multiplex	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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