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| **Personal Data** |  | **Symptoms (new or worsened)** | **Testing** | Outcomes**Isolation:** if symptomatic (based on case or suspect case definition in Outbreak Control Measures) | Comments Please include roommate if applicable(A – asymptomatic, S – symptomatic) |
|  | **COVID-19** | **Resp Panel** | Isolation |  | Hospital | Died |
| # | Name/Age/DOB/Ontario Health Card Number | Room Unit | Onset yy/mm/dd | Fever | Cough (P – productive, D- dry) | SOB | Runny nose (R) Sneezing (S)  | Sore Throat (S)Difficulty Swallowing (D)Hoarse Voice (H) | Nausea (N) Vomiting(V) | Diarrhea | Abdominal pain | New olfactory or taste disorder | Pneumonia C-clinical R-radiological | Atypical Presentation (see above; please specify) | Additional symptoms | **Meets suspect case** | **Meets case definition** | Swabbed yy/mm/dd | Results yy/mm/dd | Swabbed yy/mm/dd | Results yy/mm/dd | Date in yy/mm/dd | Date out yy/mm/dd |  |  | ER or admitted DX yy/mm/dd | yy/mm/dd |  |
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