

Name (Last Name, First name)	Resident/ Staff	Onset of Symptoms (dd-Mon-yyyy)	Symptoms	For Staff Cases - Date Worked While Symptomatic
	<input type="checkbox"/> Resident <input type="checkbox"/> Staff		<input type="checkbox"/> Fever <span style="float: right;"><input type="checkbox"/> Nausea/vomiting/diarrhea</span> <b>Any new or worsening symptoms listed below:</b> <input type="checkbox"/> Cough <span style="margin-left: 50px;"><input type="checkbox"/> Shortness of breath (SOB)</span> <span style="float: right;"><input type="checkbox"/> Sore throat</span> <input type="checkbox"/> Runny nose/nasal congestion <span style="margin-left: 50px;"><input type="checkbox"/> Loss of taste and/or loss of smell</span> <input type="checkbox"/> Decrease in oxygen (O <sub>2</sub> ) saturation level or increased O <sub>2</sub> requirement	
	<input type="checkbox"/> Resident <input type="checkbox"/> Staff		<input type="checkbox"/> Fever <span style="float: right;"><input type="checkbox"/> Nausea/vomiting/diarrhea</span> <b>Any new or worsening symptoms listed below:</b> <input type="checkbox"/> Cough <span style="margin-left: 50px;"><input type="checkbox"/> Shortness of breath (SOB)</span> <span style="float: right;"><input type="checkbox"/> Sore throat</span> <input type="checkbox"/> Runny nose/nasal congestion <span style="margin-left: 50px;"><input type="checkbox"/> Loss of taste and/or loss of smell</span> <input type="checkbox"/> Decrease in oxygen (O <sub>2</sub> ) saturation level or increased O <sub>2</sub> requirement	
	<input type="checkbox"/> Resident <input type="checkbox"/> Staff		<input type="checkbox"/> Fever <span style="float: right;"><input type="checkbox"/> Nausea/vomiting/diarrhea</span> <b>Any new or worsening symptoms listed below:</b> <input type="checkbox"/> Cough <span style="margin-left: 50px;"><input type="checkbox"/> Shortness of breath (SOB)</span> <span style="float: right;"><input type="checkbox"/> Sore throat</span> <input type="checkbox"/> Runny nose/nasal congestion <span style="margin-left: 50px;"><input type="checkbox"/> Loss of taste and/or loss of smell</span> <input type="checkbox"/> Decrease in oxygen (O <sub>2</sub> ) saturation level or increased O <sub>2</sub> requirement	
	<input type="checkbox"/> Resident <input type="checkbox"/> Staff		<input type="checkbox"/> Fever <span style="float: right;"><input type="checkbox"/> Nausea/vomiting/diarrhea</span> <b>Any new or worsening symptoms listed below:</b> <input type="checkbox"/> Cough <span style="margin-left: 50px;"><input type="checkbox"/> Shortness of breath (SOB)</span> <span style="float: right;"><input type="checkbox"/> Sore throat</span> <input type="checkbox"/> Runny nose/nasal congestion <span style="margin-left: 50px;"><input type="checkbox"/> Loss of taste and/or loss of smell</span> <input type="checkbox"/> Decrease in oxygen (O <sub>2</sub> ) saturation level or increased O <sub>2</sub> requirement	
	<input type="checkbox"/> Resident <input type="checkbox"/> Staff		<input type="checkbox"/> Fever <span style="float: right;"><input type="checkbox"/> Nausea/vomiting/diarrhea</span> <b>Any new or worsening symptoms listed below:</b> <input type="checkbox"/> Cough <span style="margin-left: 50px;"><input type="checkbox"/> Shortness of breath (SOB)</span> <span style="float: right;"><input type="checkbox"/> Sore throat</span> <input type="checkbox"/> Runny nose/nasal congestion <span style="margin-left: 50px;"><input type="checkbox"/> Loss of taste and/or loss of smell</span> <input type="checkbox"/> Decrease in oxygen (O <sub>2</sub> ) saturation level or increased O <sub>2</sub> requirement	

This resource is intended to be used as part of the surveillance and assessment strategies outlined in the Provincial Outbreak Guides. Details can be found in the applicable guide at **Notifiable Disease & Outbreak Management | Alberta Health Services**