

COUNTY	INVESTIGATOR	REPORTED DATE	OUTBREAK NUMBER	MDH INVESTIGATOR
FACILITY NAME		FACILITY ADDRESS		
FACILITY PHONE	FACILITY CONTACT	FACILITY CONTACT PHONE	TYPE OF FACILITY <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospital <input type="checkbox"/> Other:	
DATE OF REPORT	NUMBER OF RESIDENTS	NUMBER OF STAFF	FIRST ONSET DATE	MOST RECENT ONSET DATE
		<b>RESIDENTS</b>	<b>STAFF</b>	<b>TOTALS</b>
<b>ADDED TODAY:</b>	ILLS			
	COVID POSITIVE TESTS			
	COVID NEGATIVE TESTS			
	PENDING TESTS			
<b>TOTALS:</b>	ILLS			
	COVID POSITIVE TESTS			
	COVID NEGATIVE TESTS			
	COVID PENDING TESTS			
	COVID POSITIVE CASES HOSPITALIZED			
	COVID POSITIVE CASES IN ICU			
	COVID POSITIVE CASES DECEASED			
SUMMARY OF TODAY'S UPDATES				

Line List for Residents/Patients

+=Positive, NT=Not Tested, N=Negative, P=Pending

Name	Age	Sex	Room No. or Shift* & Unit*	Date of Onset	Duration of Illness	Fever (Record highest temp.)	Cough	Sore Throat	Runny Nose	Congestion - Nasal	Congestion - Chest	Shortness of breath	Muscle Aches	Vomiting	Diarrhea	Pneumonia	X-ray Results (if taken)	Hospitalized	ICU	Death (Date)	Influenza PCR	Influenza Rapid Antigen	Bacterial sputum culture	Legionella urine antigen	Strep pneumo	Respiratory panel	COVID 19	Date of COVID 19 test	

\* Use a separate line list for residents on each unit, if possible.

[Click Here for Additional Sheets](#)

Line List for Staff

+=Positive, NT=Not Tested, N=Negative, P=Pending

Name	Age	Sex	Room No. or Shift* & Unit*	Date of Onset	Duration of Illness	Fever (Record highest temp.)	Cough	Sore Throat	Runny Nose	Congestion - Nasal	Congestion - Chest	Shortness of breath	Muscle Aches	Vomiting	Diarrhea	Pneumonia	X-ray Results (if taken)	Hospitalized	ICU	Death (Date)	Influenza PCR	Influenza Rapid Antigen	Bacterial sputum culture	Legionella urine antigen	Strep pneumo	Respiratory panel	COVID 19	Date of COVID 19 test		

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