Staff Linelisting G.I. Illness

Date Started: _____ **LTC Home: _____**

Full Name	D.O.B D/M/Y	Gender	*Job Description	**Floor/Unit	Onset Date	Influenza Immunization Y or N	Date Immunized	***Symptoms (see blelow)	Date Specimen Collected	Results (enter in DFA)	Date Last Worked	Date Returned to Work	Duration of Illness	Comments (e.g. works in another location)
Case Override ☐														
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*** Symptoms & Frequency		*Job Description:		**Floor/Unit:
T = Temp (specify)	F = Extreme Fatigue	• Dietary	• Laundry	e.g. 1st , North, All
C = Cough (describe)	J = Joint Pain	• R.N.	• Maintenance	
H = Headache	S = Sore Throat	• S.C.A.	• PT/OT	
R = Runny Nose	M = Muscle Aches	• Housekeeping	• Office	
Anything else, specify exact symptom		• Activities	• Other - specify	

Don't Wait... ISOLATE!

Saskatchewan Health Authority