

Community Resident Illness Linelist
use in event of suspected outbreak or at request of Public Health

Today's Date	Name and SK Health Card Number	Sex	Date of Birth	Onset Date and Time (dd-mon-yy: 24:00)	Sore throat	Fever	Cough	Runny nose	Headache	Muscle pain	Joint pain	Fatigue	Chills	Loss of smell and/or taste	Diarrhea	Nausea/vomiting	Confusion	Dizziness	Loss of appetite	Contact Information for Resident or Legal Guardian (Name and Phone Number)		