Facility: **Date:**

Line List for COVID-19 - STAFF

Staff Code	(F = Food service) (H = Housekeeping) (P = Patient Care) (M = Maintenance) (A = Administration)

Identification				Staff Duties	Onset	Signs and Symptoms												Illness Outcome				
Name	D.O.B.	Age	Gender	Staff Duties (Use Code Above)	Date of Onset	Dry Cough	Productive Cough	Shortness of Breath	New Olfactory or Taste Disorder	Fever/Chills/Rigors	Muscle Aches/Myalgia	Headache	Sore Throat	Nausea/Vomiting	Diarrhea	Fatigue	Congestion/Runny Nose	Vaccinated	Visited ER	Died	Days Hospitalized	Duration of Illness in Hours
Last, First	MM/DD/YYYY	Years	(M/F)		MM/DD/YYYY	(Y - Yes; N - No; U- Unknown)															Days	Days