Line List for COVID-19 Outbreaks in Long Term Care Facilities

**Public Health Seattle & King County is defining a COVID-19 outbreak in a long term care facility as*
1 confirmed case OR 2 or more individuals with COVID-19 like symptoms **in a 14 day period**

Please list all residents AND staff members ill with COVID symptoms.

Name *(Last, First)*	DOB	Unit OR Room OR Staff	Onset Date	Cough (Y/N)	Highest Temp (◦F)	Shortness of Breath (Y/N)	Other Symptoms	SARS CoV-2 test result (+/-) & Date	Respiratory Panel Result (+/-) & Date	Hospitalized (Y/N)	Died (Y/N) and Date	Notes *(where hospitalized, ED visits-where)*
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												