

Staff Line List for COVID-19 Outbreak

Facility Name: _____

County: _____

Contact Person Name _____

Contact Phone # _____

Demographics				Duration of Illness		Symptoms			Laboratory		Work History					Outcome		Contact Tracing Completed (Y/N)	
Name	DOB	Sex	Type of Staff (RN, LPN, dietary, etc.)	Date of Onset	Date Well	Highest Temp	Cough (Y/N)	Shortness of Breath (Y/N)	Date of Lab Testing	Testing Result	Date Last Worked	Dates Worked 48hrs Prior to Symptom Onset	Dates worked while symptomatic	Types of PPE Worn While Working	Employed at any other Healthcare Facility (Y/N)	Hospitalized (Y/N)	Died (Y/N)		