□ Resident
□ Staff

Page: _____

FAX COVER SHEET
DAILY LINE LISTING SUMMARY

Please update the cover sheet and line listing and <u>fax daily before noon</u> to 1-855-934-5463

If there is a new cluster of ill residents or symptoms change, please call:
□ Mon-Fri (8:30 am - 4:30 pm) – 1-800-265-7293, ext. 4752
□ Evenings, weekends and holidays – 1-877-884-8653

Facility Name: _____ **Unit/Floor:** _____

Facility Contact: _____ **Phone #:** _____

PH Contact: _____ **Outbreak #:** 2266 - 20__ __ - __ __ __

Date	Time	Name of Sender (Please print)	TOTALS	
			# New Cases Today	# of Cases Resolved Today

The information on this form is collected under the authority of the *Health Protection and Promotion Act* in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of health-care databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext. 2975.

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.