Alberta Health Services

Public Health Work Camp Line List

Fax DAILY updates to appropriate zone.
See zone tip sheet for fax number.

Date *(yyyy-Mon-dd)* ______________________

Type of Outbreak ☐ GI ☐ ILI ☐ Rash ☐ Other ______________________ EI Number or Zone EI Number ________________

This section is to be completed Daily			
Company Name		Municipality/Location Work Camp	
Total number of newly symptomatic *Clients	Total Number of *Clients	Contact Person	Phone Number
Total number of newly symptomatic **Staff	Total Number of **Staff	Any newly symptomatic individuals reported? ☐ No ☐ Yes, List Newly symptomatic	

Indicate C - Client S - Staff	Company Name	Last and First Name	Date of Birth *(yyyy-Mon-dd)* **ULI**	Phone Number	Client / Staff Address	Date Onset of Illness *(yyyy-Mon-dd)*	Symptom Code *(see below)*	Date sample collected *(yyyy-Mon-dd)*	Room # Shared room Yes or No

Symptoms Code: **V** = Vomiting **D** = Diarrhea **N** = Nausea **F** = Fever **H** = Headache **A** = Abdominal Pain **M** = Muscle/Joint Pain **C** = Cough **R** = Rash **ST** = Sore throat **SB** = Shortness of Breath **O** = Other

*Client: A person that stays at, visits or uses the services of a work camp, and does not have an operational or administrative role at the work camp.
**Staff: A person that has an operational or administrative role at a work camp.

21403(Rev2020-05)

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