

Appendix VII

LINE LIST FORM — STAFF

UNIT/WARD \_\_\_\_\_

DATE \_\_\_\_\_

#	Name of Staff/ Faculty Member	Employee ID#	Department/ Service	Date/Time of Symptom Onset	SIGNS AND SYMPTOMS				Work Status  A = Admitted in hospital C = Called in sick D = Deceased F = Family sick-not working H = Sent Home x _____ hours O = Sent to alternate site
					Symptom (√)  N = Nausea V = Vomiting F = Fever D = Diarrhea	Symptom (√) Other (specify)	Diagnostic tests done? (specify)	Treatment given? (specify)	
1.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
2.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
3.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
4.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
5.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
6.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
7.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
8.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
9.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
10.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
11.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
12.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
13.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
14.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
15.					<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				