### Line List – Residents

<table>
<thead>
<tr>
<th>First and last name</th>
<th>DOB</th>
<th>Sex</th>
<th>Room No.</th>
<th>Ever had symptoms (Y/N)</th>
<th>Date of Onset</th>
<th>Duration of Illness</th>
<th>Ever Hospitalized (Y/N)</th>
<th>ICU (Y/N)</th>
<th>Hospital admission date</th>
<th>Hospital discharge date</th>
<th>Death (Date)</th>
<th>Were ANY COVID tests POSITIVE? (Y/N)</th>
<th>Collection date for 1st Positive specimen</th>
<th>Date of most recent COVID test specimen collection</th>
<th>Most recent COVID result *</th>
<th>Notes/tests for other pathogens</th>
<th>Current status of cases ** (optional)</th>
<th>Dates and Results of additional COVID tests (optional)</th>
</tr>
</thead>
</table>

- Fever (F); Cough (C); Sore Throat (ST); Shortness of breath (B); Runny Nose (R); Nasal Congestion (N); Chest Congestion (CC); Muscle Aches (MA); Chills (Ch); Loss of Taste/Smell (L); Headache (H); Vomiting (V); Diarrhea (D)

- Positive (+); Negative (-); Pending (P)

- Not cleared (NC) Transmission-Based Precautions, Released from Transmission-Based Precautions (R), Unknown (U), N/A

Maryland Department of Health
## Line List – Staff

<table>
<thead>
<tr>
<th>First and last name</th>
<th>DOB</th>
<th>Sex</th>
<th>Job/unit</th>
<th>Last day at work</th>
<th>Ever had symptoms (Y/N)</th>
<th>Date of Onset</th>
<th>Duration of Illness</th>
<th>Fever (Record highest temp.)</th>
<th>Symptoms – see list</th>
<th>Ever Hospitalized (Y/N)</th>
<th>ICU (Y/N)</th>
<th>Hospital admission date</th>
<th>Hospital discharge date</th>
<th>Death (Date)</th>
<th>Were ANY COVID tests POSITIVE? (Y/N)</th>
<th>Collection date for 1st Positive</th>
<th>Date of most recent COVID test specimen collection</th>
<th>Most recent COVID result</th>
<th>Notes/tests for other pathogens</th>
<th>Current status of cases <strong>(optional)</strong></th>
<th>Dates and Results of additional COVID tests (optional)</th>
</tr>
</thead>
</table>

*Fever (F); Cough (C); Sore Throat (ST); Shortness of breath (B); Runny Nose (R); Nasal Congestion (N); Chest Congestion (CC); Muscle Aches (MA); Chills (Ch), Loss of Taste/Smell (L); Headache (H), Vomiting (V); Diarrhea (D)

*Positive (+); Negative (-); Pending (P)

**Not cleared (NC) Transmission-Based Precautions, Released from Transmission-Based Precautions (R), Unknown (U), N/A

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