

Kitsap County Community Provider Surveillance Line List

Instructions: Please use this form to document key information for any guest/volunteer/staff member who reports COVID-like symptoms while at your facility. Potentially contagious individuals should be isolated and referred to medical care if needed. Do not use this list to report potential close contacts. **Provide the line list to Kitsap Public Health District via fax at (360) 813-1168 or by phone at (360)728-2235.**

If a guest/staff/visitor tests positive for COVID-19, KPHD will work with the positive case and/or shelter to identify close contacts who need additional follow-up.

Name (Last, First)	Date added to Line List	Date of Birth (or best guess of age)	Gender (M/F)	G-Guest, S-Staff or V-Volunteer	Best way to contact individual	Temperature ("fever" defined as at least 100.0 F or S-subjective)	New/worsening cough (Y/N)	Additional signs/symptoms (select all that apply): C-Chills, RS-Repeated shaking with chills, SB-Shortness of breath, M-Muscle pain/aches, H-Headache, ST-sore throat, L-Loss of Smell or Taste, O-other (specify)	Known close contact of a positive COVID-19 individual (Y/N/Unk)	COVID-19 test performed (Y/N/Unk)	Actions Taken (select all that apply) : I-isolated individual, QI-called PCP/PCHS to refer to QI, H-sent home, 911-called 911, O-other:specify)	Referred by PCP/PCHS to Q&I (Y/N/Unk)	If not referred to Q&I, why not? C-PCP cleared, MH-mental concerns, SUD -Substance use disorder concerns, M-medical concerns, H-home, U-no provider available to assess, O-Other (specify)	Where is individual now?

Facility Name: _____

Contact Person: _____

Phone: _____

Email: _____

Date Sent/Called in: _____