California Department of Public Health
Healthcare-Associated Infections Program

Local Health Department's COVID-19 Best Practices

Best Practice Example: COVID Line List Template, Stanislaus County

COVID Healthcare Facilities Line List Example (Stanislaus County Example of Best Practices by LHD)

Date Cleared (MM/DD/YYYY)	Last Name	First Name	DOB	Sex	Resident or Job Title	Phone Number (xxx-xxx-xxxx)	Symptoms (Y/N)	If YES, Symptom Onset Date	Units 48 Hours Prior Symptom Onset	Current Unit	Visitors (Y/N)	Known Exposures	Hospitalized (Y/N)	Date of Death	Receiving Dialysis (Y/N)

Dialysis Center Used	Used Transportation to Outside Appointments	Smoking Status	Underlying Health Condition (Y/N)	Test Collection Date 1 (MM/DD/YYYY)	Test Result Date 1 (MM/DD/YYYY)	Test Result 1	Test Collection Date 2 (MM/DD/YYYY)	Test Result Date 2 (MM/DD/YYYY)	Test Result 2	Add more columns as needed	Notes

For more info about this example contact CovidHealthcareFacilities@schsa.org.

CDPH does not endorse the specific content or recommendations included in these examples.
They are for illustrative purposes only.

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