Line List for Respiratory Illness Outbreak in Residents

Facility Name: _____

County: _____

								Vaccination History		Signs and Symptoms										Laboratory Testing				
								Mark "Y" for yes and "N" for no												Mark "P" for positive, "N" for negative, and "NP" for not performed				
Last Name	First Name	MR #	Room #	Age	Sex	Onset Date	Date Recovered	UTD Flu Vaccine	UTD Pneumococcal Vaccine	Fever	Cough	Sore Throat	Runny Nose	Congestion – Nasal	Congestion – Chest	Muscle Aches	Pneumonia	Hospitalized	Died	Viral Culture	PCR	Rapid Flu Test	Bacterial Gram Stain	Bacterial Culture