

Number	Demographics					Duration of Illness		Symptoms and Signs								
	Name	DOB	Age	Sex	Room #	Date of Onset	Date Well	Highest Temp	New OR Increased Cough (Y/N)	Sore Throat (Y/N)	New OR Increased Sputum Production	New OR Increased findings in Chest Exam (Rales, Ronchi, Wheezes)	Pleuritic Chest Pain (Y/N)	New OR Increased SOB (Y/N)	Resp Rate \geq 25	Worsening Mental/Functional status (Y/N)
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Number	Laboratory and Diagnostic Work Up					Underlying Conditions	Antibiotic Use		Vaccination Status		Hospitalizes Y/N When? Where	Died Y/N Date of death
	WBC	Blood Culture	Viral Studies	Sputum Gram Stain & Culture	Chest Xray		Name of Antibiotic Used	Date of Antibiotic Used	Date of Flu Vac.	Date of Pnumvavc		
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