

Line List for Respiratory Illness Outbreak



Facility Name: _____		Contact Phone # _____																					
Number	Demographics					Duration of Illness			Highest Temp	McGeer's Case Classification (P/I/L/U)*	Laboratory and Diagnostic Work Up					Antibiotic Use		Vaccination Status		Hospitalized Y/N When? Where	Died Y/N Date of death		
	Name	DOB	Age	Sex	Room #	Date of Onset	Date Well	WBC			Blood Culture	Viral Studies	Sputum Gram Stain & Culture	Chest Xray	Name of Antibiotic Used	Date of Antibiotic Started	Date of Flu Vac.	Date of Pnumvavc					
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*P=Pneumonia
 *I=Influenza-like illness
 *L=Lower Respiratory Tract Infection
 *U= Upper Respiratory Tract Infection