West Virginia Bureau for Public Health
Office of Epidemiology and Prevention Services
Division of Infectious Disease Epidemiology
Hand, Foot, and Mouth Disease Line List

Facility: _____ **Contact Person:** _____

Address: _____

Phone Number: _____ **Fax Number:** _____

Name	Age	Sex	Status (Student, Attendee, Staff)	Room #	Onset Date	Fever (Y/N)	Rash		Lab Confirmed (Y/N)	Physician Diagnosed (Y/N)	Confirmed, Probable, Suspected?
							Location	Description			