

# Respiratory Illness Outbreak Line List



Name of Facility: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_

Total Staff: \_\_\_\_\_

Phone: \_\_\_\_\_

Total Residents: \_\_\_\_\_

Demographics			Role and Location		Symptoms					Vaccination & Outcome			Diagnostics		
Name	DOB or Age	Gender (M/F/Non-binary)	Staff or Resident (S/R)	Staff Role or Resident Room Number	Symptom Onset Date (mm/dd/yy)	Fever (T max°/N/U)	Cough (Y/N/U)	Sore Throat (Y/N/U)	Other Symptoms (list)	Vaccinated (Y/N/U)	Hospitalized (Y/N/U)	Died (Y/N/U)	Specimen Collection Date (mm/dd/yy)	Type of Test	Pathogen Detected
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

**Amador County Public Health**  
**Communicable Disease**

Phone: (209) 223-6407 Fax: (209) 223-1562

**Vaccinated** = Received current seasonal vaccinations

**S**=Staff, **R**=Resident

**Y**=Yes, **N**=No, **U**=Unknown

**Notes:**