

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: