

Childcare Outbreak Line List for COVID-19

Facility Name: _____

County: _____

Contact Person Name _____

Contact Phone # _____

Demographics					Duration of Illness		Symptoms			Laboratory		Outcome		Contact Tracing Completed (Y/N)
Name	DOB	Classroom Assigned	Student or Staff	Sex	Date of Onset	Date Well	Highest Temp	Cough (Y/N)	Shortness of Breath (Y/N)	Date of Lab Testing	Testing Result	Hospitalized (Y/N)	Died (Y/N)	

Division of Infectious Disease Epidemiology
 350 Capitol St., Room 125, Charleston, WV, 25301
 Phone: (304) 558-5358 ext. 1; Fax: (304) 558-8736; Answering Service (304) 345-1883

