Hand, Foot, and Mouth Disease (HFMD) Outbreak Line List

Facility Name: _____ **County:** _____ **Outbreak Number:** _____

Contact Person: _____ **Contact Phone #**_____

Demographics			Illness Information							
Name	Age	Grade or Classroom	Rash Onset Date	Fever (Yes/No)	Rash Location	Rash Descriptioon	Laboratory confirmed? (Yes/No)	Physician Diagnosed? (Yes/No)	Case Status (Confirmed, Probable)	Comments

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West Virginia Department of HEALTH
BUREAU FOR PUBLIC HEALTH

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