Line List for Sports Team Skin Infection Outbreak

Team/School Name: _____ **County:**_____ **Outbreak Number:**_____

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

Demographics				Duration of Illness		Symptoms				Laboratory/ Clinical Diagnosis			Outcome	Case Status	Public Health Action
Name	DOB	Sex	Team/Class	Date of Rash Onset	Date Well	Location of Rash	Description of Rash	Fever (Y/N)	Other Symptoms	Date of Lab Testing	Testing Result	Physician Diagnosis	Treatment	Confirmed (C), Probable (P), Not a Case (N)	Contact Tracing Completed (Y/N)

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West Virginia Department of HEALTH
BUREAU FOR PUBLIC HEALTH

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