# Line List for Respiratory Illness Outbreaks in Schools and Healthy Populations

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

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

| Demographics | | | | | Duration of Illness | | Signs and Symptoms | | | | | Laboratory | | | | Outcome | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name | Date of Birth | Sex | Staff, Student, or Resident | Classroom, Grade, or Room Number | Date of Onset | Date Well | Fever (Y/N) | Highest Temperature | Cough (Y/N) | Sore Throat (Y/N) | Other Symptoms | Lab Testing (Y/N) | Date of Lab Testing | Testing Result (Positive/Negative) | If Positive, For What (i.e., COVID, Influenza, RSV) | Hospitalized (Y/N) | Died (Y/N) | Comments |
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