Demographics							Lab Testing				Infectious Period		Symptpms														Hospitalization				Risk Factors												Epi-linked to a case						
Case #	Case Status	Name	Date of Birth	Male or Female	Age	County of Residence	Date of Testing	IgM Testing Result	CDC testing	Genotype	Start Date	End Date	Date of Symptom Onset	Jaundice (Y/N)	Nausea (Y/N)	Vomiting (Y/N)	Abdominal Pain (Y/N)	Dark Urine (Y/N)	Clay Colored Stool (Y/N)	Anorexia (Y/N)	Malaise (Y/N)	Headache (Y/N)	Fever (Y/N)	Diarrhea (Y/N)	ALT/AST	ER/Urgent Care	Hospitalized (Y/N)	Location	Dates	Food worker (Y/N)	Homeless (Y/N)	Sofa Surfer	IV Drug User (Y/N)	Other (non-injection) drug use (Y/N)	Past Hx Drug Use	HCV Status	HBV Status	Travel/location	Incarcerated in the last 12 mos. (Y/N)	If yes, name of facility	Sexual	Household	Drug	Social	Other (specify in comments)	Expired	Comments