Line List for Respiratory Illness Outbreaks in Schools and Healthy Populations

Facility Name: _____ **County:**_____

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)	Shortness of Breath (Y/N)	Sore Throat (Y/N)	Other Symptoms	Lab Testing (Y/N)	Date of Lab Testing	Testing Result	Hospitalized (Y/N)	Died (Y/N)	Contact Tracing Completed (Y/N) (COVID ONLY)	Comments

Office of Epidemiology and Prevention Services
Division of Infectious Disease Epidemiology
350 Capitol St., Room 125, Charleston, WV, 25301
Phone: (304) 558-5358; Fax: (304) 558-8736
Updated May 2024

West Virginia Department of HEALTH