Line List for Acute Hepatitis A Foodborne Outbreak

Facility Name: _____ **County:**_____

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

Demographics				Exposure Information			Duration of Illness		Symptoms									Laboratory					Work History (if food worker)		Outcome		
Name	DOB	Sex	Food Worker? (Y/N)	Event or Resturant Name	Date of Attendance	Multi-state OB? (Y/N)	Date of Onset	Date Well	Jaundice (Y/N)	Fever (Y/N)	Headache (Y/N)	Malaise (Y/N)	Anorexia (Y/N)	Vomiting/Nausea (Y/N)	Diarrhea (Y/N)	Abdominal Pain (Y/N)	Dark Urine (Y/N)	Date of Lab Testing	Type of Test (IgM or RNA)	Test Result	ALT	Bilirubin	Date Last Worked	Dates Worked While Symptomatic	Hospitalized (Y/N)	Died (Y/N)	Contact Tracing Completed (Y/N)

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