Scabies Outbreak Line List													
Facility: County: Contact Person: Phone Number:													
Name	Age	Sex	Resident or Staff	Room Number or Work Location	Onset Date	Location	Rash Description	Lab Confirmed (Y/N)	Date of Skin Scraping	Physician Diagnosed (Y/N)	Date of Treatment	Type of Treatment	Prophylactic Treatment of Close Contacts (Y/N)

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