

Line List for Acute Respiratory Illness Outbreak in Schools and Healthy Populations

Facility Name: _____ County: _____
Contact Person Name _____ Contact Phone # _____

Demographics				Duration of Illness		Signs and Symptoms							Lab Testing (Y/N)	Case Status	Comments
Name	Date of Birth	Sex	Classroom or Grade	Date of Onset	Date Well	Fever (Y/N)	Highest Temperature	Cough (Y/N)	Sore Throat (Y/N)	Vomiting (Y/N)	# of Episodes of Diarrhea	Other Symptoms			