Line List for Waterborne Disease Outbreaks																					
Facility Name: County:																					
Contact Person Name	Contact Phone #																				
Demographic Information					Duration of Illness Signs and Symptoms										Laboratory			Outcome		Potential Exposure Location/Source	
Name	Date of Birth	Age	Gender	Room (classroom, hospital room#, etc.)	Onset Date & Time	Date & Time Well	Nausea (Y/N)	Abdominal pain (Y/N)		٦,			Bloody Stool (Y/N)	Other Symptoms	Lab Testing (Y/N)	Date of Lab Testing	Testing Result	Hospitalized (Y/N)	Died (Y/N)	Exposure Location & Date (list all potential exposures)	Travel History (if relevant)
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