

Line List for *Streptococcus* Pharyngitis Outbreaks in Schools and Healthy Populations

Facility Name: _____

Local Health Department: _____

Contact Person: _____

Demographics					Symptoms				Lab Testing	
Name	Age	Classroom/ Grade	Gender	Onset Date	Fever (Yes/No)	Highest Temperature	Sore Throat (Yes/No)	Cough (Yes/No)	Rapid Test Results	Culture Results