

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			

Division of Infectious Disease Epidemiology
 350 Capitol St., Room 125, Charleston, WV, 25301
 Phone: (304) 558-5358 ext. 1; Fax: (304) 558-8736; Answering Service (304) 925-9946



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