Appendix B. Sample Line List Template for Influenza or Respiratory Illness Outbreaks in Long-Term Care Facilities

Name	Resident or Staff	Age (Yrs)	Wing or Unit	Room	Onset Date	Fever (Y/N Temp)	Cough	Sore Throat	Other Symptoms	Flu Specimen Collection Date	Lab Result / Type of Test	Flu Vaccine (Y/N Date)	Hospitalized (Y/N)	Died (Y/N)

Instructions: Please include information on all residents or staff with respiratory illness on this sheet. Please fax completed lists to CCPH at 360-397-8080