

Influenza / Respiratory Illness Outbreak Line List

Name of Facility: _____

Facility Contact Person: _____

Total Staff: _____

Phone: _____

Total Residents: _____

Demographics			Role and Location		Symptoms					Vaccination & Outcome			Diagnostics		
Name	DOB or Age	Sex (M/F)	Staff or Resident (S/R)	Staff Role or Resident Room Number	Symptom Onset Date (mm/dd/yy)	Fever (T max°/N/U)	Cough (Y/N/U)	Sore Throat (Y/N/U)	Other Symptoms (list)	Vaccinated (Y/N/U)	Hospitalized (Y/N/U)	Died (Y/N/U)	Specimen Collection Date (mm/dd/yy)	Type of Test	Lab Results
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

**Clark County Public Health
Communicable Disease**

Phone: (360) 397-8182 Fax: (360) 397-8080

<https://www.clark.wa.gov/public-health/long-term-care-facilities>

Vaccinated = Received current seasonal influenza vaccination

S=Staff, **R**=Resident

Y=Yes, **N**=No, **U**=Unknown