Line Listing of Residents - Respiratory Outbreak or Increased Incidence of ILI Symptoms (For Resident/Patient Cases)

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| **Facility** |  | | | | | | | **Laboratory** | | **Case Category** | **Symptoms** | | | | | | | | | | | **Outcomes related to Outbreak** | | **Outcomes unrelated to Outbreak** | |  |
| **Unit/Floor** |  | | | | | | |
| **Entry Date**  *(dd-mmm- yyyy)* | **Last Name** | **First Name** | **MRN** | **Age** | **Sex**  **M/F** | **Patient's Room Number** *(when symptoms began)* | **Flu Vaccine past 12 months** | Lab sample submitted | Date sample submitted *(dd-mmm- yyyy)* | Confirmed, Probable, or Not a Case | Onset Date *(dd-mmm- yyyy)* | Fever | Cough | Sore Throat | Painful Joints | Muscle Pain | Runny Nose | Headache | SOB | Congestion | Resolution Date  *(dd-mmm- yyyy)* | **Hospitalized** | **Transferred to another unit** | Hospitalized | Died | **Comments** |
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Line Listing of Residents - Respiratory Outbreak or Increased Incidence of ILI Symptoms (For Resident/Patient Cases)

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| **Facility** |  | | | | | | | **Laboratory** | | **Case Category** | **Symptoms** | | | | | | | | | | | **Outcomes related to Outbreak** | | | | **Outcome unrelated to Outbreak** Residential Facilities Only | |  |
| **Unit/Floor** |  | | | | | | |
| **Entry Date**  *(dd-mmm- yyyy)* | **Last Name** | **First Name** | **MRN** | **Age** | **Sex**  **M/F** | **Patient's Room Number** *(when symptoms began)* | **Flu Vaccine past 12 months** | Lab sample submitted | Date sample submitted *(dd-mmm- yyyy)* | Confirmed, Probable, or Not a Case | Onset Date *(dd-mmm- yyyy)* | Fever | Cough | Sore Throat | Painful Joints | Muscle Pain | Runny Nose | Headache | SOB | Congestion | Resolution Date  *(dd-mmm- yyyy)* | Hospitalized | Transferred to another unit | Discharged | Died | Hospitalized | Died | **Comments** |
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