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

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| **Facility** |  | **Laboratory** | **Case Category** |  **Outcomes related to Outbreak** | **Outcomes unrelated to Outbreak**LTC Facilities Only |  |
| **Unit/Floor** |  |
| **Entry Date***(dd-mmm- yyyy)* | **Last Name** | **First Name** |  **PHN/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 | Headache | Prostration | Resolu-tion Date*(dd-mmm- yyyy)* | Hospitalized | Transferred to another unit | Discharged | Died | 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** | **Outcomes related to Outbreak** | **Outcomes unrelated to Outbreak** Residential Facilities Only |  |
| **Unit/Floor** |  |
| **Entry Date***(dd-mmm- yyyy)* | **Last Name** | **First Name** |  **PHN/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 | Headache | Prostration | Resolu-tion Date*(dd-mmm- yyyy)* | Hospitalized | Transferred to another unit | Discharged | Died | Hospitalized | Died | **Comments** |
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