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

Facility								**Laboratory**		**Case Category**	**Symptoms**										**Outcomes related to Outbreak**				**Outcome unrelated to Outbreak** Residential Facilities Only		
Unit/Floor																											
Data 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**

								Laboratory		Case Category	Symptoms										Outcomes related to Outbreak				Outcome unrelated to Outbreak Residential Facilities Only		
Data 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) (e.g. 01-Jan-2014)*	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**