

Date:	
Facility:	
Facility contact:	
Outbreak number	

Investigator's name:	
Facility type (LTCF, etc.):	
Total No. Residents:	Percentage of residents vaccinated for flu:
Total No. Staff:	Percentage of staff vaccinated for flu:

No.	Name	Age	Sex	Resident or staff?	Unit/Rm	Symptoms				For ILI/Influenza only				Other lab results (e.g., RSV+)	Comments (e.g. other symptoms, treated or prophylaxed w/antivirals, etc.)	
						Fever \geq 100 F (1= yes) *highest recorded	Cough (1=yes)	Sore throat (1=yes)	Pneumonia (1=yes)	Onset date	ED visit (1=yes)	Hospitalized (1=yes)	Died (1=yes)			Vaccinated for influenza (1=yes)
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