|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Facility Name:**  | **Patient Location** | **Vaccination** | **Illness Description** | **Laboratory Testing** | **Illness Complications** |
| **Name** | **Age** | **Sex** | **Room #, Bed designation** | **Influenza** | **Pneumococcal**  | **Onset Date** | **Fever (>100° F)** | **Cough**  | **Sore Throat** | **Rapid antigen**  | **PCR**  | **Pneumonia**  | **Hospitalized**  | **Died**  | **Date of Death** |
|  |  | **[ ]** F[ ]  M |  | **[ ]**  | **[ ]**  | **/     /** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]  +****[ ]  -** | **[ ]  +****[ ]  -** | **[ ]**  | **[ ]**  | **[ ]**  | **/     /** |
|  |  | **[ ]** F[ ]  M |  | **[ ]**  | **[ ]**  | **/     /** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]  +****[ ]  -** | **[ ]  +****[ ]  -** | **[ ]**  | **[ ]**  | **[ ]**  | **/     /** |
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**Line List of Residents with Acute Respiratory Illness and/or Pneumonia**