|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  | **/     /** |  |  |  | **+**  **-** | **+**  **-** |  |  |  | **/     /** |
|  |  | F  M |  |  |  | **/     /** |  |  |  | **+**  **-** | **+**  **-** |  |  |  | **/     /** |
|  |  | F  M |  |  |  | **/     /** |  |  |  | **+**  **-** | **+**  **-** |  |  |  | **/     /** |
|  |  | F  M |  |  |  | **/     /** |  |  |  | **+**  **-** | **+**  **-** |  |  |  | **/     /** |
|  |  | F  M |  |  |  | **/     /** |  |  |  | **+**  **-** | **+**  **-** |  |  |  | **/     /** |
|  |  | F  M |  |  |  | **/     /** |  |  |  | **+**  **-** | **+**  **-** |  |  |  | **/     /** |
|  |  | F  M |  |  |  | **/     /** |  |  |  | **+**  **-** | **+**  **-** |  |  |  | **/     /** |
|  |  | F  M |  |  |  | **/     /** |  |  |  | **+**  **-** | **+**  **-** |  |  |  | **/     /** |

**Line List of Residents with Acute Respiratory Illness and/or Pneumonia**