Public Health
Seattle & King County

Facility Name: ____

Long Term Care Facility Influenza and Influenza-like Illness Line List

	Name (Last, First)	Age	Room#/Unit Or Staff	Vaccine Date		Onset Date	Symptoms (Y/N/U)								Pneumonia		Specimen Collection Date	Lab Results	Antiviral		Hospitalized (Y/N)	Died (Y/N)
				Influenza	Pneumococcal		Highest temp	myalgia	headache	Sore throat	cough	chills	coryza	other	Physician diagnosed	X-ray confirmed			Y/N	Date Started		
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Communicable Disease Epidemiology and Immunization Section
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