Facility Respiratory Outbreak Investigation Worksheet

•	Investigator's name: Facility Category (ie. High School, Group Home, Workplace, Long-term care facility, etc.):
Facility Contact Name:	Total number of persons at facility (include staff):
Facility contact phone number: ()	Total number of III persons at facility (include staff):

Case Identifiers: Symptoms					Testing							
Name (sick person)	Position (student, teacher, health-care worker, etc.)	* Age (yrs)	Sex	Fever (documented)	Felt Feverish (not documented)	Cough	Sore Throat	Willing to give specimen	Illness onset date (mo/day/yr)	Duration of illness (days)	Sought Medical Care	Comments (i.e. unusual case features, CXR findings, hospitalization, death)
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