

<u>Name/Age/Grade/Room #</u>	<u>Phone</u>	<u>Onset Date</u>	<u>Symptom Profile</u> Headache, Fever, Nausea, Vomiting, Diarrhea, Bloody Diarrhea, 3+ loose stools in 24 hour period, Sore Throat, Cough, Chills, Fatigue, Myalgia, Sneezing, Runny Nose, Shortness of Breath, Sinus Congestion, Watery Eyes, Hoarseness, Other?	<u>Duration</u>	<u>PCP seen?</u> <u>Diagnosis given?</u> <u>Date given?</u>	<u>Treatment given and date given</u>	<u>Anyone in household also ill with similar symptoms?</u>
