



# RESPIRATORY OUTBREAK WORK SHEET FOR COMMUNITY-BASED SETTINGS

Please complete this form for all ill students, staff and or residents



Acute Communicable Disease Control Program  
 313 N. Figueroa St., Rm. 212, Los Angeles, CA 90012  
 213-240-7941 (phone) 213-482-4856 (facsimile)  
 www.publichealth.lacounty.gov/acd/

School/Daycare/Facility Name: \_\_\_\_\_ Contact Person/Phone Number: \_\_\_\_\_

Outbreak Number: \_\_\_\_\_

Student/Staff/Resident Identification			Location		Respiratory Illness Symptoms										Diagnostics			Outcome					
Student/Staff/Resident Name			Date of birth or Age	Sex (M/F)	Classroom or Office or Unit #	Grade	Date onset illness	Fever (Y/N) If yes, highest temperature °F*	Cough (Y/N)	Runny Nose (Y/N)	Sore throat (Y/N)	Body Aches (Y/N)	Chills (Y/N)	Other (Y/N) _____	Other (Y/N) _____	Date recovered	Days absent	Doctor visit (Y/N)	NP specimen collected (Y/N)	Diagnosis/Lab Result	Hospitalized (Y/N)	Days hospitalized	Died (Y/N, if yes, date)
1	LName, FName																						
	Phone Number																						
2	LName, FName																						
	Phone Number																						
3	LName, FName																						
	Phone Number																						
4	LName, FName																						
	Phone Number																						
5	LName, FName																						
	Phone Number																						
6	LName, FName																						
	Phone Number																						

\*Highest temperature: measured oral, under armpit or rectal