# Case Log of Residents with Acute Respiratory Illness and/or Pneumonia

| Resident Identification | | | Resident Location | | | Vaccination Status >=2 wks before onset | | Illness Description | | | | | | | | | | Influenza Test Results | | Pneumococcal Test Results | | Medications | | Illness Outcomes | | | | |
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| Name | Age* | Sex (M/F)* | Building | Unit | Room#, bed designation | Influenza (Y/N)* | Pneumococcal (Y/N) | Date of illness onset* | Highest temperature* | Cough (Y/N)* | Malaise/fatigue (Y/N) | Chills/rigors (Y/N) | Sore throat (Y/N)* | Arthralgias/myalgias (Y/N) | Change in respiratory status (e.g., sputum) (Y/N) | Pneumonia (Y/N)* | CXR confirmed (Y/N)* | Rapid antigen (+/-/ND)* | Viral culture* | Gram stain | Sputum culture | Antivirals (Y/N)* Dates, if known | Antibiotics (Y/N) Dates, if known | Influenza (Y/N)* | Hospitalized (Y/N)* | ICU Admission (Y/N)* | Days hospitalized | Died (Y/N): If yes, date* |
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*Indicates required information

EISB 12/2013