Facility Name:		
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Case Log of Residents with Acute Respiratory Illness and/or Pneumonia

rson Completing Form:		

Resident Identifica	ation		Resid	dent Loc	cation	Status :	nation >=2 wks	2 wks			Influenza Test Pneumococcal Results Test Results				Medic	Illness Outcomes											
Name	Age*	Sex (M/F)*	Building	Unit	Room#, bed designation	ınfluenza (Y/N)*	Pneumococcal (Y/N)	Date of illness onset*	Highest temperature*	Cough (Y/N)*	Malaise/fatigue (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		Hospitalized (Y/N)*	*(N	Days hospitalized	Died (Y/N): If yes, date*