Facility name:	
Date:	
Facility contact:	
Outbreak number:	

Investigator's name:			
Facility type:			
Total No. Residents:		**% residents vaccinated for flu:**	
Total No. Staff:		**% staff vaccinated for flu:**	

No.	Name	Age	Sex	Resident or staff?	Unit/Rm	Fever ≥100 F	Cough	Sore throat	Pneumonia	Onset date	ED visit	Hospitalized	Died	Vaccinated for flu?	Lab confirmed flu?	Other lab results	Comments
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	

Facility name:	
Date:	
Facility contact:	
Outbreak number:	

Investigator's name:			
Facility type:			
Total No. Residents:		% residents vaccinated for flu:	
Total No. Staff:		% staff vaccinated for flu:	

No.	Name	Age	Sex	Resident or staff?	Unit/Rm	Fever ≥100 F	Cough	Sore throat	Pneumonia	Onset date	ED visit	Hospitalized	Died	Vaccinated for flu?	Lab confirmed flu?	Other lab results	Comments
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
32																	
33																	
34																	

Facility name:	
Date:	
Facility contact:	
Outbreak number:	

Investigator's name:			
Facility type:			
Total No. Residents:		**% residents vaccinated for flu:**	
Total No. Staff:		**% staff vaccinated for flu:**	

No.	Name	Age	Sex	Resident or staff?	Unit/Rm	Fever ≥100 F	Cough	Sore throat	Pneumonia	Onset date	ED visit	Hospitalized	Died	Vaccinated for flu?	Lab confirmed flu?	Other lab results	Comments
35																	
36																	