RESPIRATORY REPORTING LIST ("Line List")

PROCEDURES

PROCEDURES FOR <u>FILLING OUT</u> LINELISTS

- ✓ You may use additional pages if needed and please NUMBER the pages at the top.
- ✓ Please include your facility name on every page
- ✓ Submission Date top right corner
- ✓ List only NEW or REPEAT cases of ILI for that date of submission.

PROCEDURES FOR <u>SUBMITTING</u> LINE LISTS

- ✓ Below is a fillable template. Please TYPE or PRINT CLEARLY.
- ✓ Send line lists DAILY.
- ✓ We have one electronic FAX line for all communicable disease reports. Confidential FAX: 530-669-1549.
- ✓ A few other reporting tips:
  - o Keep faxes to 6 pages each – send a separate fax if your list is more than 6 pages long

Facility Name:_____   **Submission Date** _____   **Page** _____ **of** _____

Yolo County Health & Human Services Agency
Community Health Branch – Infectious Disease Unit

Submitted by: _____   **Contact info (phone and email)** _____

Line List of Persons with Influenza-Like Illness

Fax to Yolo County HHSA – Infectious Disease Unit at **(530) 669-1549** (this is a confidential fax #)

Patient/Staff Name (Last, First)	Age/DOB	Sex (M/F)	Date Illness began (approx.)	Signs/Symptoms (Y/N/U)					Labs		COMMENTS
				Fever	Highest Temp	Cough	Pneumonia	Vomiting	Flu Test Result	CXR Result	

Form Updated 11/19/2018|ID Unit

Yolo County Health & Human Services Agency
Community Health Branch – Infectious Disease Unit

Facility Name:_____   Submission Date _____   Page _____ of _____

Patient/Staff Name (Last, First)	Age/DOB	Sex (M/F)	Date Illness began (approx.)	Signs/Symptoms (Y/N/U)					Labs		COMMENTS
				Fever	Highest Temp	Cough	Pneumonia	Vomiting	Flu Test Result	CXR Result	

Form Updated 11/19/2018|ID Unit

Yolo County Health & Human Services Agency
Community Health Branch – Infectious Disease Unit

Facility Name:_____   **Submission Date** _____   Page _____ of _____

Patient/Staff Name (Last, First)	Age/DOB	Sex (M/F)	Date Illness began (approx.)	Signs/Symptoms (Y/N/U)					Labs		COMMENTS
				Fever	Highest Temp	Cough	Pneumonia	Vomiting	Flu Test Result	CXR Result	