

General Line Listing

Outbreak Number: _____ **Location:** _____ **Date of Onset:** _____

Case #	Name	D.O.B	Sex	Vacc. Status (Y/N)		Location	Date Of Onset	Signs/Symptoms(√)							Lab Tests			Comments e.g. Treatment	Date Symptom Free				
				Pneumo (Y/N)	INF (Y/N)												Date			Results			

Huron County Health Unit
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