**Meningococcal Line listing for School:** Students Staff

*(fever, headache, stiff neck, nausea, vomiting, photophobia (eye sensitivity to light), and altered mental status (sleepiness, confusion))*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name:** | **DOB** | **Onset Date:** | **Date last at school:** | **Symptoms** | **Meningoccal Vaccine?(Y or N)** | **Tested?****(Y or N)** | **Hospitalized? (Y or N)** |
|  | *Anna Smith**(EXAMPLE)* | *11/12/13* | *3/04/08* | *4/05/2017* | *Fever, photophobia* | *Y* | *N* | *N* |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |

**Fax (707-565-4565) or email (****phnurse@sonoma-county.org****) at the start of the outbreak and if/when there are new cases.**