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

*(Fever, Cough, Fatigue and/or sore throat)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name:** | **Room #** | **Age** | **Onset Date:** | **Date last at school:** | **Symptoms (Fever, cough, fatigue)** | **Influenza Vaccine?(Y or N)** | **Hospitalized?****(Y or N)** | **Died?****(Y or N)** |
|  | *Anna Smith**(EXAMPLE)* | *4B* | *4* | *3/04/08* | *4/05/2017* | *Fever (101.2), Cough* | *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.**