Appendix VI

LINE LIST FORM — INPATIENT

UNIT\SITE:_____ DATE _____

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Date of Admission	Patient Name	Patient ID#	Date/Time of Symptom Onset	Date Isolation Precautions Initiated/Type A = Airborne C = Contact D = Droplet	SIGNS AND SYMPTOMS				Patient Sent to:
					Symptom (√) N = Nausea V = Vomiting F = Fever D = Diarrhea	Symptom (√) Other (specify)	Diagnostic tests done? (specify)	Treatment given? (specify)	A = Admitted D = Discharged Home I = Admitted to negative pressure room M = Morgue N = Nursing Home O = Other T = Transfer to other site
1.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				
2.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				
3.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				
4.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				
5.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				
6.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				
7.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				
8.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				
9.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				
10.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				
11.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				
12.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				
13.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				
14.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				
15.				/ ☐A ☐C ☐D	☐N ☐V ☐F☐D				