



HOSPITAL EPIDEMIOLOGY AND INFECTION
CONTROL:
COMMUNICABLE DISEASE EXPOSURE RESPONSE POLICY

POLICY 7.1
Issued: 12/06
Last Approval: 12/13

Appendix XII

LINE LIST FORM — ALTERNATE CARE LOCATION

UNIT\SITE: _____

DATE _____
Page _____ of _____

#	Date of Visit	Patient Name	Patient ID#	Date/Isolation Precautions Initiated/Type A = Airborne C = Contact D = Droplet	SIGNS AND SYMPTOMS				Patient Sent to: A = Admitted D = Discharged Home M = Morgue N = Nursing Home O = Other T = Transfer to Other site
					Symptom (√) N = Nausea V = Vomiting F = Fever D = Diarrhea	Symptom (√) Other (specify)	Diagnostic tests done? (specify)	Treatment given? (specify)	
1.				/ <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
2.				/ <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				
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15.				/ <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> D				