

<u>Name /Room #</u>	<u>Phone</u>	<u>Onset Date</u>	<u>Symptoms (circle all that apply)</u> Headache, Nausea Fever ( ) Vomiting (witnessed? Y N), Diarrhea, Bloody Diarrhea, 3+ loose stools in 24 hours, Sore Throat, Cough, Chills, Fatigue, Myalgia, Sneezing, Runny Nose, Shortness of Breath, Sinus Congestion, Watery Eyes, Hoarseness, Other?	<u>Duration</u>	<u>PCP seen?</u> <u>Diagnosis</u> <u>given?</u> <u>Date given?</u>	<u>Treatment</u> <u>given and date</u> <u>given</u>	<u>Anyone in</u> <u>household also ill</u> <u>with similar</u> <u>symptoms?</u>
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