New Jersey Department of Health
Infectious and Zoonotic Diseases Program

PATIENT SYMPTOMS LINE LISTING
(Respiratory Tract Infection)

E - ____________________

Please check (X) those items that apply and complete requested information.

	Name	Staff	Resident	Onset Date	Wing	Room/Job	Age/Sex	Max. Temp.	Rales/Wheeze/Rhonchi	Cough (Dry/Productive)	Nasal Congestion	SOB/Resp. Distress	Sore Throat	Myalgia	Fatigue	Nausea/Vomit/Diarrhea	CXR (Results)	Flu Vaccine Given?	Pneumococcal Vaccine Given?	Culture Done?	Hospitalized?	Admission Date	Discharge Date	Comments (Note: Hospital Name; Dx; other significant clinical information; culture results, etc.)
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2																								
3																								
4																								
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