

Facility Name						Reported By					Telephone/Email				Report Date	
Resident Initials	Age	Gender	Unit or Wing	Room Number	Symptom Date Onset	Symptoms				MD Diagnosed (Y/N)	Confirmatory Diagnostic Testing		Treatment			Comments
						Burrows	Rash	Severe Itching	Skin Excoriation		Skin Scraping	Test Date	Treatment Done	Initial Treatment Date	Repeat Treatment Date	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																