Facility: **Date:** **Line List for Rash - RESIDENTS**

Identification				Resident Location		Onset	Signs and Symptoms												Illness Outcome				
Name	DOB	Age	Gender	Resident's Wing	Resident's Room #	Date of Onset	Rash on Face/Head/Neck	Rash on Trunk	Rash on Back	Rash on Upper Extremities	Rash on Lower Extremities	Maculopapular	Vesicular	Linear burrows	Pruritis	Fever	Topical Permethrin Cream	Oral Ivermectin	Seen a clinician	Visited ER	Died	Days Hospitalized	Duration of Illness in Hours
Last, First	MM/DD/YYYY	Years	(M/F)		RM #	MM/DD/YYYY																Days	Hours