Facility name:  Investigator's name:	
Date: Facility type:	
Facility contact:  Total No. % residents Residents: vaccinated for	or flu:
Outbreak % staff vaccin	
number: Total No. Staff: for flu:	
No. Name    Age   Set   Resident of   Unit Hun   Count   Soft Struct   Presentative   Count   Count	d Jied Vactual Jab Continued Other testilis Comments
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	

	Facility name:							Inves	tigator's name:							
	Date:							Facility type:								
	Facility contact:										% resident					
	Outbreak							Total No. Staff:				% staff vac				
Į	number:			,								ioi iiu.			,	
No.	Name		Age	<u> </u>	Resident	or Unit R	tener zingt	Sore	rroat Preur	onia Onset date	<sub>ED</sub> vi	sit Hospita	ned Jed Jacinal	d for Lab con	irned Other le	o Comments
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
32																
33																
34																

	Facility name:				Inves	tigator's name:								
	Date:				Facil	ty type:								
	Facility contact:					otal No. sidents:			% residents vaccinated for flu:					
	Outbreak number:				Total N	o. Staff:			% staff vaccinated for flu:					
No.	Name	Age	set Resident of Unithm	kever zigok	di sore	, roat Preum	onia Onset date	tD vi	st rospitalized died	Vacinat	ed for	irred others	Comments	
35														
36														