|  |  |
| --- | --- |
| New Jersey Department of HealthCommunicable Disease Service | STUDENT SYMPTOMS LINE LISTING |
|  | **E -**  |  |
|  |
| School Name | Reported By | Telephone | Report Date |
| Total Number of Students in School | Number of Students Ill Today | Total Number of Staff | Number of Staff Ill Today |
|  | **Initials** | **Age** | **Gender** | **Grade** | **Room** | **Diarrhea** | **Bloody Stool** | **Abdominal Pain** | **Nausea** | **Vomiting** | **Temp** | **Headache** | **Sore Throat** | **Cough** | **Fatigue** | **Chills** | **Rash** | **Other, Specify** | **Other, Specify** | **Onset Date** | **Duration of Symptoms** | **Seen by MD** | **Hospitalized** | **Specimen** **Collected** | **Diagnosis or** **Test Results** |
| ***Example:* JD** | **7** | **female** | **1** | **223** | **yes** | **unk** | **yes** | **yes** | **no** | **102.5** | **unk** | **unk** | **unk** | **unk** | **unk** | **unk** | **dizziness** |  | **9/1/12** | **4 days** | **yes** | **yes** | **yes** |  |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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FEB 13