

Facility Name: _____

REPORTABLE EVENT: SUMMARY REPORT

Date: _____

Duration of outbreak: _____ thru _____
Date of onset Date symptoms resolved

Census: _____

Classification of illness:

Location of residents involved: _____

Total affected: Residents _____ Staff (if applicable) _____

Total hospitalized: _____ Total Deaths: _____

Range of symptoms (including temperatures):

Treatment interventions:

Significant laboratory / diagnostic findings(s):

Containment measures:

Inservices presented:

Respectfully Submitted by:
Name: _____ Title: _____ Date: _____