Influenza-like Illness (ILI) Line List

Date:

VERMONT
DEPARTMENT OF HEALTH

Staff Completing Line List:

Initials	Age	Sex	Vaccine Dates		Date of ILI Onset	Duration of illness (days)	Symptoms (Y/N)								Pneumonia (Y/N)	Hospitalized (Y/N)	Died (Y/N)	Flu Test Date	Flu Test Result (+/-)	Antivirals Started (Y/N)	Date Antivirals Started	Notes
			Flu	Pneumo coccal			Myalgia	Sore Throat	Headache	Chills	Cough	Coryza	Fever	Other								