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

Staff Code **(F - Food service) (H - Housekeeping) (P - Patient Care) (M - Maintenance) (A - Administration)**

Identification				Staff Duties	Onset	Signs and Symptoms												Illness Outcome				
Name	DOB	Age	Gender	Staff Duties **(Use Code Above)**	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)**		**MM/DD/YYYY**																**Days**	**Hours**