**Residents/Staff INFLUENZA-LIKE-ILLNESS TRACKING SHEET (Attach additional sheets if necessary)**

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| **Name (Last, First)** | **UNIT** | **DOB** | **Sex** | **Date of ILI Onset** | **Date Specimen Collected** | **Rapid Test Result**  | **PCR Test Result** | **Vaccination Date** | **Fever (°F)** | **Cough** | **Sore Throat** | **Malaise** | **Chills** | **Muscle Aches** | **Headache** | **Pneumonia\*?** | **Hospitalized?**  | **Mortality?** | **Treatment** |
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\* Please indicate if resident developed pneumonia (clinical diagnosis is sufficient), was hospitalized or died within 2 weeks of ILI onset.