Resident Illness Log

Facility Name: _____ Total Residents Ill:_____

Date Log Started:_____ Total Residents (ill and well):_____

Identification Information				Onset	Type of Illness							Symptoms		Lab Info		Outcomes			
Name of ill resident	Age	Sex	Room Number	Onset Date	Respiratory	Urinary	Gastrointestinal	Skin/Wound	Fever of Unknown Origin	Other	Highest Temp.	Symptoms	Duration of Symptoms	Lab Test?	Result	Hospitalized? If Yes, Date		Death? If Yes, Date	
Name	Yrs	M/F		MM/DD/YY	-- Check all that apply --						(°)		Hours	Y/N		Y/N	MM/DD/YY	Y/N	MM/DD/YY
TOTALS:																			