

**RESPIRATORY LINE LIST WORKBOOK**

Name		Admit Date	Room #										Lab Testing				Hospitalized		Died: Y/N			
First	Last		Room #	Unit	Symptom Onset Date	Fever: Y/N	Temp	Cough	Runny Nose (R) or Nasal Congestion (C)	Sore Throat	Myalgia	Change/Other	Y/N	Collection Date	Lab Used	Results	Isolation	Y/N			Dates	
