**Aged Care Gastro and Influenza-like illness (ILI) Line list Date 29 July 2019**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Facility Name: |   | Contact Person: |   | Email: |   | Phone: |   |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name** | **DOB** | **Onset Date** | **Symptoms ceased date** | **Resident / Staff** | **Area (living / worked)** | **Specimen collected / result** | **Outcome** | **Comments / Other details** |
| **1** | Click or tap here to enter text. | DD/MM/YY | Click or tap to enter a date. | Click or tap to enter a date. | Choose an item. | Type here | Choose an item. | Choose an item. | Click or tap here to enter text. |
| **2** | Click or tap here to enter text. | DD/MM/YY | Click or tap to enter a date. | Click or tap to enter a date. | Choose an item. | Type here | Choose an item. | Choose an item. | Click or tap here to enter text. |
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| **8** | Click or tap here to enter text. | DD/MM/YY | Click or tap to enter a date. | Click or tap to enter a date. | Choose an item. | Type here | Choose an item. | Choose an item. | Click or tap here to enter text. |
| **9** | Click or tap here to enter text. | DD/MM/YY | Click or tap to enter a date. | Click or tap to enter a date. | Choose an item. | Type here | Choose an item. | Choose an item. | Click or tap here to enter text. |
| **10** | Click or tap here to enter text. | DD/MM/YY | Click or tap to enter a date. | Click or tap to enter a date. | Choose an item. | Type here | Choose an item. | Choose an item. | Click or tap here to enter text. |
| **11** | Click or tap here to enter text. | DD/MM/YY | Click or tap to enter a date. | Click or tap to enter a date. | Choose an item. | Type here | Choose an item. | Choose an item. | Click or tap here to enter text. |
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| **15** | Click or tap here to enter text. | DD/MM/YY | Click or tap to enter a date. | Click or tap to enter a date. | Choose an item. | Type here | Choose an item. | Choose an item. | Click or tap here to enter text. |
| **16** | Click or tap here to enter text. | DD/MM/YY | Click or tap to enter a date. | Click or tap to enter a date. | Choose an item. | Type here | Choose an item. | Choose an item. | Click or tap here to enter text. |
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