**DATE:**

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| **Complete and submit the Line List every business day until further notice.** **Fax/email completed line lists to:**  |

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| **Name of School/Child Care Facility:** | **Community:** | **Illness:**❏**Gastrointestinal** ❏**Influenza-Like-Illness** ❏**Other: \_\_\_\_\_\_\_\_\_** |
| **Facility Contact Person:** | **Telephone #:** | **Fax #:** |
| **Last Name, First Name** | **Parent/Guardian Name & Phone Number** | **DOB****(YYYY-MM-DD)** | **Start of Illness****(MM-DD)** | **Symptoms (see Codes****below)** | **“Child” or “Staff”** | **Grade & Classroom/ Room** | **Last Day Attended****(MM-DD)** | **Return Date****(MM-DD)** | **Comments** |
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**Symptoms Codes: V**=Vomiting **D=**Diarrhea **N**=Nausea **F**=Fever **H**=Headache **A**=Abdominal Pain **M**=Muscle/Joint Pain **C**=Cough **R**=Rash  **O**=Other