SKIN INFECTION LINE LIST FORM

Reported by_____

Date_____ _____

				Symptoms						Hospitalized		Contacts/Shared Activities						Lab Testing				
Case ID	Age	Sex	Symptom onset date	Abrasion, cut, non-intact skin Y/N	Location	Lesions, pustules, boils	Drainage Y/N	Seen by MD Y/N	Date seen by MD	Y/N	Admit Date	Sports	Equipment	Towels	Weight Room	Personal Items	Other	Y/N	Site(s) Cultured	Collect Date	Results	Abx sensitivities

BCDC skin infection line list form
September 2004

*ND = not done

Note: Use as many lines as needed per patient

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