Intake Form Acute Respiratory Infection

Please complete this form and fax to 262-970-6670 or email to publichealth@waukeshacounty.gov

Public Health
Prevent. Promote. Protect.
Waukesha County

Date:

Contact person: **Email:**

Telephone #: **Fax #:**

Facility Name: **Facility Type:** Choose One:

Facility Address:

Are there 3 or more residents and/or staff from the same unit with illness onset within 72 hours of each other who have:

Pneumonia? Choose One:
Acute Respiratory Infection? Choose One:
Laboratory confirmed viral or bacterial infection (including influenza)? Choose One:

**If no, this currently does not meet criteria for an outbreak that needs to be reported at this time*

Name of Unit(s) Affected:

	Total # at Facility	# Ill	Date of FIRST onset	Percent vaccinated for Flu	# Received Antiviral Prophylaxis (when appropriate)	Testing Planned?	Testing Results
Residents/Attendees:						Choose One:	
Staff/Employees:						Choose One:	

Signs & Symptoms:

☐ Fever ☐ Cough ☐ Increased muscle aches
☐ Congestion ☐ Sore throat ☐ Other

Current control measures: (Check those that are in place/plan to be implemented)

☐ DHS respiratory outbreak guidance webpage information given
☐ Symptomatic residents on droplet precautions
☐ For affected units: new admissions and visitors restricted
☐ Ill staff excluded
☐ Limit staff from floating between units
☐ Line List initiated for residents/attendees and staff/employees
☐ Testing being completed

Are you currently working with a public health contact for any other outbreak? Choose One:

Notes: