**HFMD Line listing for School:**

*(skin rash, mouths sores, fever, sore throat, loss of appetite)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name:** | **Age/Rm:** | **Onset Date:** | **Date last at school:** | **List symptoms:** | **Symptoms verified by MD?** | **Tested?** |
|  | *Anna S.*  *(EXAMPLE)* | *4 / 112* | *2/1/07* | *2/2/07* | *Fever, mouth sores, skin rash* | *Y* | *N* |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |

**Fax (707-565-4565) or email (**[**phnurse@sonoma-county.org**](mailto:phnurse@sonoma-county.org)**) at the start of the outbreak and if/when there are new cases.**