## Line Listing Report, Influenza-Like Illness

| Resident's Name | Room No. | Age | Sex | Date of Admission to Facility | Admitted From | Date Onset of Symptoms | Symptoms/ Clinical Presentation | Date of Influenza Vaccine | Laboratory Analysis? y/n | Influenza Virus Detected | Anti-Viral Therapy? y/n | Medication | Dates | Hospitalized? y/n | Date of Admission | Date of Discharge | Expired Date | Reported To | Date |
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