

IP Name:

Date:

Acute Communicable Disease Control 313 N. Figueroa St., Rm. 212 Los Angeles, CA 90012 213-240-7941 (phone), 213-482-4856 (facsimile)



## FACILITY NAME: \_ SCABIES OUTBREAK LINE LIST FOR HEALTHCARE FACILITIES: PATIENTS Contact Person:

		Patient Information    Date of Birth   Sex				Patient	Location	Illness Description									
Name	MRN	Data of Birth	Sov		date / To	Admission	Exposure Dates	Room # / Unit & Location	Unit / Bed after Exposure	Onset Date	Evaluated for Scabies	Skin Scraping (Y/N)	Scabies Sign Sx	Number of Scabies Tx	Scabies	Scabies Tx Date(s)	
ivame	IVIPLIN	Date of Birth	Sex	uale	vvriere	DX	Exposure Dates	Location	Exposure	Offset Date	101 Scaples	( f /N)	Sign SX	Scaples 1x	1 x ivaille	Date(s)	
																I	



Acute Communicable Disease Control 313 N. Figueroa St., Rm. 212 Los Angeles, CA 90012 213-240-7941 (phone), 213-482-4856 (facsimile) publichealth.lacounty.gov/acd/



	FACILITY NAME:
	SCABIES OUTBREAK LINE LIST FOR HEALTHCARE FACILITIES: EMPLOYEES
IP Name:	Contact Person:
Date:	

Healthcare Worker Name	Date of Birth	Sex	Job Title	Location Description Rash	Date Onset Sx	Dx Eval by	Usual Work Assignment	Other Work Assignment	Skin Scraping (Y/N)	Scabicide Dates	Follow Up Results	Family Member Sx	Procedure	Family Member Tx