*EMAIL COMPLETED FORM AND LINE LIST TO WAUKESHA COUNTY HEALTH DEPT:*

*publichealth@waukeshacounty.gov*

|  |
| --- |
| **DATE:** |
| **FACILITY NAME:** |
| **facility address:** |
| **Telephone #:** |
| **Fax #:** |
| **contact person:** |
| **email:** |

**NAME OF UNIT:**

**ONSET DATE OF FIRST COVID-19 ILLNESS FOR RESIDENTS:**

**ONSET DATE OF FIRST COVID-19 ILLNESS FOR STAFF:**

**ONSET DATE OF LAST COVID-19 ILLNESS FOR RESIDENTS:**

**ONSET DATE OF LAST COVID-19 ILLNESS FOR STAFF:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NUMBER EXPOSED** | **NUMBER ILL** | **NUMBER HOSPITALIZED** | **NUMBER OF DEATHS** |
| **Students:** |  |  |  |  |
| **STAFF:** |  |  |  |  |

**NAME OF UNIT:**

**ONSET DATE OF FIRST COVID-19 ILLNESS FOR RESIDENTS:**

**ONSET DATE OF FIRST COVID-19 ILLNESS FOR STAFF:**

**ONSET DATE OF LAST COVID-19 ILLNESS FOR RESIDENTS:**

**ONSET DATE OF LAST COVID-19 ILLNESS FOR STAFF:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NUMBER EXPOSED** | **NUMBER ILL** | **NUMBER HOSPITALIZED** | **NUMBER OF DEATHS** |
| **RESIDENTS:** |  |  |  |  |
| **STAFF:** |  |  |  |  |

*\*If there are additional units affected, please add an additional page containing that information.*