New Jersey Department of Health
Communicable Disease Service

SCABIES CASE LINE LIST: RESIDENTS

E - _____

Facility Name	Reported By	Telephone/Email	Report Date

Resident Initials		Age	Gender	Unit or Wing	Room Number	Symptom Date Onset	Symptoms				MD Diagnosed (Y/N)	Confirmatory Diagnostic Testing		Treatment			Comments
							Burrows	Rash	Severe Itching	Skin Excoriation		Skin Scraping	Test Date	Treatment Done	Initial Treatment Date	Repeat Treatment Date	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	