Aseptic / Viral Meningitis Reporting Line List

Facility Name:			**County:**	
Reporting Date:	**10/20/04**		**Page Number:**	1 of 1
Name of Person Reporting:				

Last Name	First Name	Gender	Date of Birth	Age	Race / Ethnicity (*see key below)	Address	City	Date of Onset	***CSF WBC count	Bacterial culture result (should be negative)	Viral Culture result (Negative or name of virus isolated)	Other comments

*** W** = White **B** = Black / Afr. Amer. **H** = Hispanic **A** = Asian **AI/N** = American Indian / Alaskan Native **NH/PI** = Nat. Hawaiian / Pac. Isl **U** = unknown
****** Meningitis means acute onset of fever and meningeal signs (headache, fever, stiff neck, photophobia, nausea and vomiting) **and** CSF white blood cell count WBC) is elevated (>5 white blood cells)