

Group A Strep Symptom Surveillance Log

Date:

	In the past 24 hours, has the resident had any of the following symptoms? (Write either Yes or No)										
Resident Name	Room #	Fever / Hypo- thermia	Sore Throat	Mental Status Change	Swollen Lymph Nodes	Signs of Skin Infection	Location and Description of Skin	Specimen Collected (Yes/No)	Result (Post/Neg)	Treatment (Record type)	Comments