MRSA Infection Line Listing

Facility: _____ Date: ___/___/____ Contact Name/Ph. #: _____ Page No: ___

Name	**DOB (age)**	**Sex**	**Date admitted to facility ---------- Transferred from**	**Section/ Rm**	**Recent Hospitalizations and Discharge Date _____**	**Past or Recent Invasive procedures (Describe)**	**Site of infection ---------- Onset date**	**Date of 1st culture**	**Result of culture/ Strain**	**Other notes**	**Case Closure (date symptoms resolved or cultures negative)**

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