

# Infection Report

DATE \_\_\_\_\_

RESIDENT / EMPLOYEE \_\_\_\_\_

## SITE OF INFECTION

Urinary Tract	Respiratory Tract	GI Tract	Skin / Soft Tissue	Blood Borne	Other

Date Signs and Symptoms Observed \_\_\_\_\_

Description of Signs and Symptoms \_\_\_\_\_

\_\_\_\_\_

Diagnostic Test \_\_\_\_\_

Date \_\_\_\_\_

Results \_\_\_\_\_

Organism Identified \_\_\_\_\_

Antibiotic Therapy Used \_\_\_\_\_

<b>Comments:</b>