LINE LISTING OF NOTIFIED (DISEASE/HEALTH EVENT) CASES FOR (MONTH(S), YEAR); (TOWN, PARISH)

Name	Sex	Age	Address/Phone #	Date of Onset	Care Site	Sample Taken (Specify type)	Date Sample Taken	Symptoms Experienced

N.B. This is the basic format which may be adjusted on a situation-by-situation basis to be more specific for the diseases being captured (For e.g., immunization data will be added in the event of a fever & rash/measles outbreak)