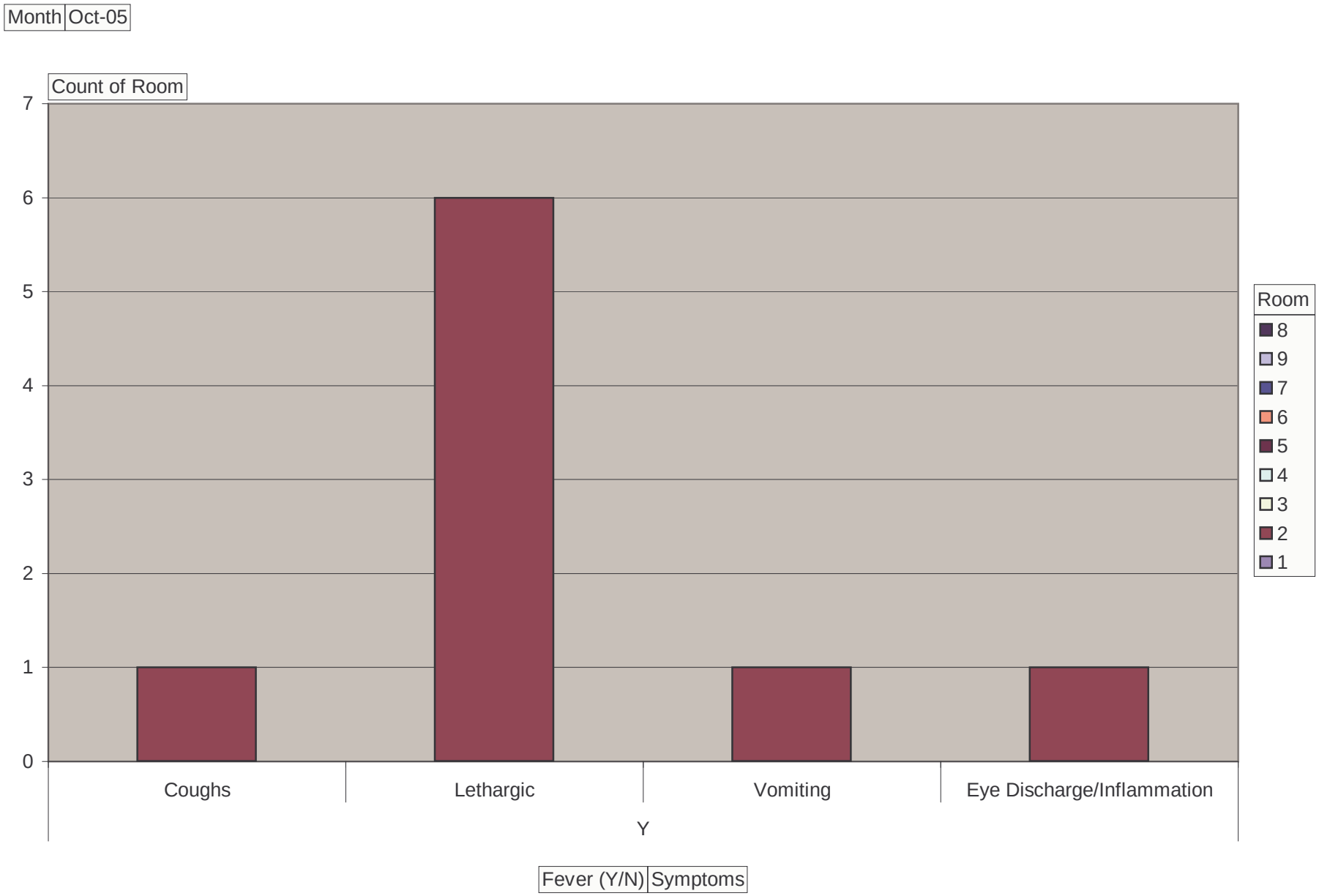
Month Oct-05
Count of Room
7
6
5
4
3
2
1
0
Coughs
Lethargic
Vomiting
Eye Discharge/Inflammation
Y
Fever (Y/N) Symptoms
Room
8
9
7
6
5
4
3
2
1