

**SIMCOE MUSKOKA**  
**DISTRICT HEALTH UNIT**  
15 Sperling Drive, Barrie, ON L4M 6K9  
TEL: 705-721-7520

**ENTERIC ILLNESS LINE LISTING FORM**  
**RESIDENTS**

**Fax completed form to CD Team at: (705) 733-7738**

Name of Facility: \_\_\_\_\_

Outbreak Number: 2260 - \_\_\_\_\_ - \_\_\_\_\_

Date outbreak declared: \_\_\_\_\_  
yyyy / mm / dd

Case Identification					Symptoms											Specimens / Diagnostics			Prophylaxis / Treatment		
Case # (sequentially)	Name (LAST NAME, first name)	Floor/Room number	Gender (M/F)	Date of Birth (yyyy/mm/dd)	Onset date of first symptom (yy/mm/dd)	Fever	Vomiting	Nausea	Cramps	Watery diarrhea	Bloody diarrhea	Loose stools	Decreased appetite	Chills	Other - please specify	Private lab tests	PHL "Enteric kit" (yy/mm/dd)	Lab results	Hospitalized	Comments (Treatment, etc.)	Date resolved (yy/my/dd)
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