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

ENTERIC ILLNESS LINE LISTING FORM

STAFF

FAX completed form to CD Team at: Barrie (705) 733-7738

Name of Facility: _____

Outbreak Number: 2260 - _____ - _____

Date outbreak declared: _____
yyyy / mm / dd

Case Identifcation						Symptoms											Specimen & Diagnostics		Prophylaxis / Treatment			
Case # (sequentially)	CASE DEFINITION Name (LAST NAME, first name) and Position	Gender (M/F)	Date of Birth (yyyy/mm/dd)	Work Area	Family Physician	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)	Hospitalized	Comments (Treatment, etc.)	Last day of work (yy/mm/dd)	Return to work date (yy/mm/dd)
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This information is collected under Section 5 of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. The personal health information collected in this form will be used only for outbreak management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Associate Director of Corporate Services, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, telephone (705) 721-7520.

Revised September 2006 CS-CD
Reviewed January 2009