SIMCOE MUSKOKA DISTRICT HEALTH UNIT - CHILD CARE

ENTERIC LINE LIST - STAFF

Name of Facility:

Date Outbreak Declared:

Outbreak Number:

Case Definition:

Case Identification						Symptoms											Specimens			Resolution	
Case #	Name (LAST NAME, First name)	Date of Birth (yy/mm/dd)	Work Area (e.g. toddler room, kitchen, office, etc.)	Laste date at centre (yy/mm/dd)	Was staff sick at centre? (y/n)	Onset date of first symptom (yy/mm/dd)	Fever	Vomiting	Nausea	Cramps	Watery diarrhea	Bloody diarrhea	Loose stools	Decreased appetite	Chills	Other - please specify	Stool Specimen submitted (y/n)	Results (if known)	Comments (Other symptoms, doctor diagnosis, treatment, hospitalized, etc.)	Date symptoms ended (yy/mm/dd)	Date returned to centre (yy/mm/dd)
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