SIMCOE MUSKOKA DISTRICT HEALTH UNIT
TEL: 1-877-721-7520

Fax daily before 10am to CD Team at: (705) 733-7738

ENTERIC OUTBREAK LINE LISTING FORM

RESIDENTS/PATIENTS ☐ **STAFF** ☐

Outbreak Number: 2260 - _____ - _____

Date Outbreak Declared: _____

Case Definition:

Name of Facility: _____

Phone Number: _____

Case* Identifcation						Symptoms									Specimens		Outcome				Comments
				Staff																	
Case # (sequentially)	Name (LAST NAME, first name)	Floor/Room Number	Date of Birth (yyyy/mm/dd)	Position	Last Day Worked (yyyy/mm/dd)	Onset Date of First Symptom (yy/mm/dd)	Abnormal Temperature	Vomiting	Diarrhea	Bloody Diarrhea	Decreased Appetite	Chills	Abdominal Pain/Cramping	Other - Please Specify	PHOL "Enteric kit" Collection Date (yyyy/mm/dd)	Lab Results	Hospitalized (yyyy/mm/dd)	Death (yyyy/mm/dd)	Date of Last Episode of Symptoms (yyyy/mm/dd)	Date Contact Precautions Discontinued (yyyy/mm/dd)	

** A case is defined as any resident/patient or staff with at least two (2) or more episodes of vomiting or diarrhea; or at least one epispode of vomiting and one episode of diarrhea within a 24 hour period.*

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 Privacy Officer, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, telephone (705) 721-7520.