

ENTERIC ILLNESS LINE LISTING FORM CAMPERS

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

Name of Camp: _____

Outbreak Number: 2260 - _____ - _____

Date outbreak declared: _____
yyyy / mm / dd

Case Identification					Symptoms										Specimen	Comments						
Case # (sequentially)	Name (LAST NAME, first name)	Gender (M/F)	Date of Birth yyyy/mm/dd	Cabin Name or #	Parent contact & phone #	Onset date of first symptom (yy/mm/dd)	Fever	Vomiting	Nausea	Cramps	Watery diarrhea	Bloody diarrhea	Loose stools	Decreased appetite	Chills	Other - please specify	PHL "Enteric Kit" used (yy/mm/dd)	Hospitalized	Relevant Information (Any treatment, excursions planned, recent canoe trip, returning home etc.)	Date resolved (yy/my/dd)	Sent home (Yes/No)	Date returned to camp activities (yy/mm/dd)
																		Y N				
																		Y N				
																		Y N				
																		Y N				
																		Y N				
																		Y N				
																		Y N				
																		Y N				

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.