

ENTERIC ILLNESS LINE LISTING FORM CAMP STAFF

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 & Diagnostics		Comments					
Case # (sequentially)	Name (LAST NAME, first name) and Position (i.e. foodhandler, counsellor, CIT, activity lead)	Gender (M/F)	Date of Birth (yyyy/mm/dd)	Cabin Name or #	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, name of family physician	PHL "Enteric kit" used (yy/mm/dd)	Hospitalized	Relevant Information (Treatment, excursion planned, recent canoe trip, recent day off etc.)	Date resolved (yy/mm/dd)	Return to work date (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.