SIMCOE MUSKOKA DISTRICT HEALTH UNIT - CHILD CARE

ENTERIC LINE LIST - STAFF

Reset Sheet

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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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 Ministry of Health. 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.