

ENTERIC ILLNESS LINE LISTING FORM

Child Care Centre Children

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

Name of Day Nursery: _____

Outbreak Number: 2260 - _____ - _____

Date outbreak declared: / /

Case Identification						Symptoms											Treatment				
Case # (sequentially)	Name (LAST, First)	Gender (M/F)	Date of Birth (yyyy/mm/dd)	Classroom & days attending	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	Stool specimen submitted	Hospitalized	Comments (Comments (Physician name, treatment, etc.))	Date resolved (yy/my/dd)	Date returned to child care (yy/my/dd)
																	Y N	Y N			
																	Y N	Y N			
																	Y N	Y N			
																	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.