Enteric Outbreak Resident Line Listing

Outbreak Number: 2261 - _____ - _____ . To be reviewed and faxed to 705.677.9607 daily by 10:00 a.m.

Facility: _____ Area: _____

Date Reported to Public Health: _____ Investigator: _____ Page No: _____

Facility Contact Information	Contact Person:	Telephone:	Fax:

Personal Information					**Symptoms**									**Dates**				
Case Number	**Resident Name**	**DOB** (yyyy/mm/dd)	**Resident Position/Floor/Wing**	**Onset Date** (yy/mm/dd)	Headache	Fever	Nausea	Vomiting	Abdominal cramps	Diarrhea, watery	Diarrhea, bloody	Malaise	Other (specify):	Date isolated (yy/mm/dd)	Date symptoms resolved (yy/mm/dd & time)	Date isolation removed (yy/mm/dd & time)	Date stool collected (yy/mm/dd)	Stool (+) / (-)

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Public Health
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SUDBURY & DISTRICTS