



# LICENSED CHILD CARE – Enteric (Gastrointestinal) Outbreak Line Listing Form

Staff

Children

Date Reported to Health Unit: \_\_\_\_\_ Onset date of first case: \_\_\_\_\_ Outbreak: 2262- \_\_\_\_\_ - \_\_\_\_\_

Name of Day Care: \_\_\_\_\_ Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Causative Agent Isolated: \_\_\_\_\_ Public Health Inspector: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: 625-4822

Case Definition: \_\_\_\_\_

**Record name only once on the line listing form**

#	Last name	First name	Age	Sex	Program	Diet	Onset date (d/m/y)	Symptoms*** (use legend below)						Specimen			Hospitalized Date ** (d/m/y)	Comments	
								D	V	N	F	H	A	Date	Type	Results			

\*\*\* Symptoms: D = diarrhea V= vomiting N= nausea F= fever H=headache A=abdominal cramps  
 \*\* Hospitalized Date – admitted into hospital due to outbreak; other hospitalizations should be recorded under comments