



STAFF: Gastrointestinal Outbreak Line Listing Form

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

Institution Name: _____ Address: _____ Contact Person: _____ Phone: _____ Fax: _____

Causative Agent Isolated: _____ PHN/PHI: _____ Phone: 625- _____ Fax: 625-4822

Case Definition: _____

Record name only once on the line listing form

#	Last name	First name	Sex	Unit or Area Work	Role	Date/shift Last day work	Onset date sx (d/m/y)	Symptoms*** (use legend below)						Specimen		Date Resolved Sx	Date Return to Work	Comments/Outcome
								D	V	N	F	H	A	Date	Results			

*** Symptoms: D = diarrhea V= vomiting N= nausea F= fever H=headache A=abdominal cramps