STAFF: Enteric Outbreak Line Listing Form

Thunder Bay District Health Unit

Institution Name:	Unit:	Outbreak Number: 2262-	Date Reported to Health Unit:
Causative Agent:	Contact Person:	PHI:	PHN:

TBDHU Fax: 807-625-4822

Case Definition:

	Case Identifiers				Symptom Information							Exclusion			
#	Name	DOB	Role	Area(s) worked	Symptom Onset Date	Diarrhea (D)	Vomiting (V)	Nausea (N)	Fever (F)	Abdominal Pain (A)	Other (specify in comments)	Last date / shift worked	Date Symptoms Resolved	Date Returned to Work	Notes/ Comments
1	Mr Example	4-Mar-87	RPN	Unit A	31-Jul		V		F			31-Jul	1-Aug	4-Aug	