

Day Nursery Outbreak Line Listing

Grey Bruce Health Unit

Day Nursery: _____

Outbreak Number: 2233-_____

Number of Children at Risk: _____ Number of Staff at Risk: _____

No	Child Name	Child Age	Room/Area	Date & Time of Onset of Symptoms yy/mm/dd	Enteric								Respiratory								Other : (Specify)	Specimen EOK or NP	Additional Comments Evaluation / Action Taken / Exclusions/ Parents Notified / Specimen results / Diagnosis
					Nausea	Vomiting	Diarrhea	Bloody Diarrhea	Fever	Chills	Headache	Loss of Appetite	Fever	Nasal Congestion	Chest Congestion	Runny Nose	Dry Cough	Productive Cough	Sore Throat	Swelling/redness			
1.																							
2.																							
3.																							
4.																							
5.																							
6.																							
7.																							
8.																							
9.																							
10.																							