E

ENTERIC OUTBREAK LINE LISTING FORM

CHECK ONE ONLY: ☐ STAFF DATA ☐ RESIDENT DATA

INSTITUTIONAL NAME: _____ Telephone: _____

Number at Risk: _____ _____ OUTBREAK NUMBER: _____ Fax: _____

CASE DEFINITION: _____ Contact Person: _____

Case Identification				Symptoms												Complications		Specimens / Diagnostics				Comments
Case Number (sequentially)	Name & Location (floor, room)	Gender (M/F)	Age	Onset date of first symptom (d/m)	Vomiting	Diarrhea	Bloody Diarrhea	Cramps	Nausea	Loss of Appetite	Malaise, Lethargy	Fever	Chills	Headache	Other - please specify	Hospitalization (date d/m)	Death (date d/m)	Stool (date d/m)	Result (date d/m)	Other – specify (date d/m)	Result date (d/m)	