APPENDIX C
HOSPITAL LINE LISTING FORM

BRUCE GREY OWEN SOUND HEALTH UNIT
820 FIRST AVENUE EAST
OWEN SOUND ON N4K 4K5 PHONE # 376-9420 FAX # 376-0980

OUTBREAK # 2233-405-00

CASE DEFINITION: DIARRHEA (D), BLOODY DIARRHEA (BD), CRAMPING (C), VOMITING (V), FEVER (F)

LAST	FIRST	DATE OF BIRTH			ADDRESS (STREET AND TOWN)	PARENT/ GUARDIAN	PHONE	SYMPTOMS					IN OUT	SEX	ONSET DATE	ONSET TIME
		D	M	Y				D	BD	C	V	F				