

DAY NURSERY ENTERIC OUTBREAK LINE LIST

Date Line List Started: Y ____ M ____ D ____

Outbreak #: 3895 - ____ - ____

Name of Facility: _____ Address: _____ Facility Contact _____ Phone# _____

Communicable Disease Investigator: _____ Phone #: _____ Fax #: _____

Case Definition: _____

Please line list each child or staff member once only. Staff and children are to return to centre after 48 hours symptom free.

CHILD LIST

OR

STAFF LIST

Case Identification				Symptoms						Specimen			Comments
Last Name, Initial	DOB Y/M/D	Room (I, T, PS,SA, Staff)	Gender	Onset Date Y/M/D/	D	V	N	F	Other	Stool Kit Provided (Y/N)	Stool Result	Return Date (YY/MM/DD)	Eg. Hospitalizations, treatment

Symptoms Legend: D= Diarrhea, V=Vomiting, N=Nausea, F=Fever, H=Headache, DE=Dehydration, FA=Fatigue, C=Chills, AB=Abdominal Cramps

Room Identification Legend: I=Infant, T=Toddler, PS=Preschool, SA= School aged.