

ENTERIC OUTBREAK LINE LIST

Staff Data Date Line List Started: _____ Name of Facility _____
 Residents/Patient Data Floor/Unit: _____ Outbreak #: 3895 - _____ - _____ Fax to TPH Liaison at: (416) 338- _____

Case Identification				Symptoms									Diet Type	Laboratory Specimens			Complications			Notes	
Case Number	Last Name, First Name	Date of Birth (yyyy/mm/dd) (residents only)	Room number/Staff designation- Work area (if Staff)	Gender (M/F, Other)	Onset date of first symptom (mm/dd)	Abnormal temperature (°C)	Vomiting/# of episodes in 24 hrs.	Diarrhea/# of episodes in 24 hrs.	Nausea	Headache	Abdominal Cramps	Other	Regular(R) / Minceed (M) / Pureed(P)	Specimen Date First Taken (mm/dd)	Result and Date (mm/dd)	Result and Date (mm/dd)	Hospitalized (Y or N)	Deceased (y or N)	Date Recovered (mm/dd)	Last day staff worked (mm/dd)	

Case Definition: _____