Attachment B

Line Listing for Gastroenteritis Outbreaks
(Check One): List for Residents _____ Employees_____

Name: _____ **Address:** _____
Contact Person: _____ **Telephone:** _____

				Onset and Timing of Diarrhea or Vomiting					Signs and Symptoms												Laboratory Results (if applicable)			
NAME	Age (Optional)	Sex (Optional)	Room Number	Date of Onset	Time of Onset	Shift of Onset	Date/Time of Last Episode	Duration of Illness	Diarrhea	Vomiting	Abdominal Cramps	Nausea	Fever (highest temp.)	Blood in Stool	Muscle Ache	Headache	Chills	Hospitalized (Y/N)	Admission Date to Hospital	Discharge Date from Hospital	Death (date)	Bacterial Stool Culture (date)	Viral Stool Culture (date)	Serology - acute (date)	Serology-convalescent (date)