GASTROENTERITIS CASE LOG

County _____ **Facility** _____ **Outbreak** (yyyy-###) ___

Setting of Exposure: _____ **Day Care Center** _____ **School** _____ **Nursing home or similar setting** _____ **Other**

IDENTIFIERS						ONSET		SIGNS & SYMPTOMS							OUTCOME						
List all preschoolers, students, residents, and staff with any gastrointestinal illness	age	sex	preschooler, student, resident, or staff	room #, grade/class	job duty code (staff only)	first vomiting or diahrrea	time	nausea	vomiting	diahrrea	3+ loose stools in 24 hrs	fever (only if documented)	cramps		duration of V or D	#days of school, preschool, or work missed*	lab specimen collected	seen by MD	sent to ER	hospitalized overnight	died
name	years	F or M	codes below		see below	date (m/d)	am pm	N	V	D	3	F	C		hours	days	L	P	E	H	X
Mary Q	83	F	R	212W		6/22	5 am		✓	✓	✓	✓	✓		72			✓	✓		
John Q	10	M	Stu	5		6/23	9 pm	✓	✓	✓			✓		28	1					