Line List for Acute Gastroenteritis Outbreak in Healthcare Facility

For Person-to-Person Transmission, Not Foodborne

Facility Name: _____ **County:**_____

Contact Person Name: _____ **Contact Phone #:**_____

Demographics				Duration of Illness			Symptoms			Laboratory		Work History			Outcome	
Name	DOB	Sex	Staff Occupation or Resident Room Number	Date of Onset	Onset Time	Date Well	Fever (Y/N), if Y, highest temp?	Multiple Episodes of Diarrhea (Y/N)	Multiple Episodes of Vomiting (Y/N)	Date of Lab Testing	Testing Result	Date Last Worked	Dates worked while Symptomatic	Dietary Staff (Y/N)	Hospitalized (Y/N)	Died (Y/N)

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