West Virginia Bureau for Public Health
Division Infectious Disease Epidemiology
350 Capitol St., Room 125
Charleston, WV 25301

West Virginia Bureau for Public Health
Department of Health & Human Resources
Your Health Your Safety Our Purpose

Line listing Form for GI Outbreaks

Name	Date of Birth (mm/dd/yy)	Age	Room (classroom, hospital room#, etc.)	Gender	Onset date (mm/dd/yy)	Onset Time (hh:mm AM/PM)	Date Well (mm/dd/yy)	Time well (hh:mm AM/PM)	# of Episodes of Diarrhea	Vomiting (yes/no)	Fever (yes/no)	Highest Temperature	Bloody Stool (yes/no)	Other Sympotms	Hospitalized (yes/no)	Died (yes/no)	Lab Testing Results