

## ENTERIC OUTBREAK LINE LIST STAFF

Outbreak Reported Date	Control Measures Started Date	Symptom Onset Date of Index Case	OUTBREAK #
Outbreak Facility & Affected Area		Health Unit Contact Information	
		<b>Elgin St. Thomas</b> <input type="checkbox"/> Phone 519-631-9900/Fax 519-631-1682 (Mon-Fri 8:30 am – 4:30 pm) <input type="checkbox"/> After-hours: Phone 519-631-9900 ext. 0	<b>Woodstock</b> <input type="checkbox"/> Phone 519-421-9901/Fax 519-539-6206 (Mon-Fri 8:30 am – 4:30 pm) <input type="checkbox"/> After-hours: Phone 519-421-9901 press '0'
		Investigator Name and Extension: _____	

Meets Case Definition (Y/N)	Case Demographics			Symptoms <small>(new or unusual and number of episodes)</small>										Specimens/ Diagnostics				Other			Outcome			Notes	
	Initials (first, last)	Role/Work Assignment	Last Shift Worked (y/m/d)	Symptom onset date (m/d)	Abnormal Temperature (°C)	Abdominal cramps	Decreased appetite	Diarrhea	Headache	Malaise	Nausea	Vomiting	Other (please specify)	Stool sample (Y/N)	Date collected (m/d)	Result date (m/d)	Other, specify (m/d)	Works at another facility (Y/N)	Sick household members (Y/N)	Other, specify:	Hospitalization admitted and discharged (m/d)	Recovered (m/d)	Returned to work date (m/d)		

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