

Outbreak Number: \_\_\_\_\_

Check the appropriate box:  Staff  Children

# CHILD CARE CENTRE ENTERIC OUTBREAK LINE LISTING FORM

Complete a separate form for CHILDREN and STAFF cases. Fax daily to the EOHU before 10 a.m.

Child Care Centre: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Case Definition: \_\_\_\_\_

Name	Sex M/F	DOB (YY/MM/DD)	Section			Onset Date (YY/MM/DD)	Symptoms (Check the appropriate box)							Case Y/N	Specimen Collection Date / Date Submitted Result	Symptoms Resolved (YY/MM/DD)
			I	P	S		V	D	N	F	H	A	M			
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
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_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**Section:** I = Infant P = Pre-Schooler S = School-Aged Child

**Symptoms:** V = Vomiting D = Diarrhea N = Nausea F = Fever H = Headache A = Abdominal Pain M = Sore Muscle

Personal information is being collected under the authority of the Health Protection and Promotion Act (HPPA). This information shall be used for the administration of public health programs. Questions regarding the collection of this information may be directed to: Program Manager, Infectious Diseases Prevention and Control, Eastern Ontario Health Unit, 1000 Pitt Street, Cornwall, Ontario, K6J 5T1 or by telephone at 613-933-1375 or 1 800 267-7120

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If you require this information in an alternate format, please call 1 800 267-7120 and press 0.

