**CHILD CARE ENTERIC OUTBREAK LINE LISTING RECORD** **[ ] Staff** **[ ] Children** **Location:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| OUTBREAK NUMBER:2247-     -      | Facility Contact Name:       | **Total Number at Child Care Centre** | Date of Index Case:     yyyy/mm/dd | Date Notified:yyyy/mm/dd      | Date Declared Over: yyyy/mm/dd      |
| Facility:       | Telephone #:       | # Staff:      | # Children:      |
| Room/ Occupation | Name(Last name, First name)*Print name out in full* |  Sex M/F | Date of Birth(for children only)yyyy/mm/dd | Symptom Onset Date & Time yyyy/mm/dd, hh:mm | Symptoms(Check all that apply) | Date & Time child was last at centreyyyy/mm/dd, hh:mm | Date & Time symptoms endedyyyy/mm/dd, hh:mm | Date & Time child returned to centreyyyy/mm/dd, hh:mm | Treatment | Initials/Designation[For Health Unit Use Only] |
| Diarrhea  | # Episodes in 24 hours | Vomiting | # Episodes in 24 hours | Nausea | Fever | Stomach cramps |       | Physician/ NP Seen Y / N | Hospitalized Y / N |
|       |       |    |       |      | [ ]  |    | [ ]  |    | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       |    |    |  |
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| **Complete and fax DAILY by 11 am to 705-482-0670.** |
| COMMENTS:       |
| **Last Updated** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |



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