

GASTROENTERITIS CASE LOG

County _____ Facility _____ Outbreak # _____
 Setting of exposure: Nursing home Day care School Hospital Other _____

IDENTIFIERS						ONSET		SIGNS & SYMPTOMS						OUTCOME												
List all hospital patients, preschoolers, students, residents, and staff with any gastrointestinal illness						age	sex	patient, preschooler, resident, staff, or student	room number	job duty code (staff only)	first vomiting or diarrhea	time	nausea	vomiting	diarrhea	3+ loose stools in 24 hrs	fever (only if documented)	cramps	bloody diarrhea	duration of V or D	#days or work missed*	lab specimen collected	seen by MD	sent to ER	hospitalized overnight	died
						name	years	F or M	codes below	see below	date (m/d)	am pm	check all that apply						hours	days						