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, reside and staff with any gastrointestinal illness		\$ \$	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	10 10 3 10 10 10 10 10 10 10 10 10 10 10 10 10	John Jacon John John John John John John John Jo	The state of the s	or its or	o Jane	35 min	Sur Justine	0 00 ×	18 540 Sin 24 J.	24 / 1/2 / 1	000	South Surface The Party of The	0.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	*035ill 404 016/	To the state of th	o, Our suos	10 ES	THO OP THE OP TH	
name	years	F or M	codes below		see below	date (m/d)	am pm		С	heck all	that app	oly			hours	days						
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for staff job duties:

- F food service
- H housekeeping
- M maintenance
- patient care
- teacher/teacher's assistant
- W washroom/laundry

P preschooler

R resident

S staff

Stu student

Instructions

Mark "yes" answers with a check mark; use a question mark if you're not sure. Use additional sheets as necessary. Fax them to your local health department or as instructed. For help using this log, contact the CD Nurse at your county health department; or Lore Elizabeth Lee, or the on-call epidemiologist at the Oregon Public Health Division in Portland (971-673-1111).

For daycare and school outbreaks, do NOT delegate data collection to non-public health people.