

Outbreak #: _____

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

Check the appropriate box:
 Staff Line Listing
 Residents Line Listing

INSTITUTION Enteric Outbreak Line Listing Form

Facility:			Contact Person:						Telephone:						
Case Definition:															
Name	Sex M/F	DOB (YY/MM/DD)	Occupation/ Room #	Onset Date (YY/MM/DD)	Symptoms							Date Hospitalized (YY/MM/DD)	Specimen		Date Symptoms Resolved (YY/MM/DD)
					Vomiting	Diarrhea	Nausea	Fever	Headache	Abdominal Pain	Myalgia		Collection Date/Date Submitted (YY/MM/DD)	Result	

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

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