

INSTITUTION ENTERIC OUTBREAK LINE LISTING FORM

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

Check appropriate box: Residents Staff

Outbreak Number: _____

Facility: _____ Contact Person: _____ Telephone: _____

Case Definition: _____

Name	Sex M/F	DOB (YY/MM/DD)	Occupation/ Room Number	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