



# ENTERIC OUTBREAK LINE LISTING FORM

Facility: \_\_\_\_\_

 Outbreak Number: **2230** /    /

CASE DEFINITION: \_\_\_\_\_

 CHECK ONE ONLY: Staff 

 Residents 

Case Number (sequentially)	Name	Gender (M/F)	Age	Unit room #	Time of Onset & Symptoms Date (d/m)	nausea	vomiting (record # of episodes)	diarrhea (record # of episodes)	bloody stool	abdominal cramps	headache	abnormal temperature (°C)	chills	other - please specify	Resolved (date d/m)	Released from Isolation (date d/m)	to Hospital (date d/m)	Death (date d/m)	Date & Type of Specimen	Laboratory results	Comments	Meets Case Definition (Y/N)