**Lincoln-Lancaster County Health Department Gastrointestinal OUTBREAK Illness Line List Report Date \_\_\_/\_\_\_/\_\_\_**

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| Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outbreak going on? (Y/N) \_\_\_\_\_\_\_ Outbreak start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Outbreak end date:\_\_\_\_/\_\_\_\_/\_\_\_\_ Total # ill \_\_\_\_\_\_\_\_\_\_ # of children ill \_\_\_\_\_\_\_ Total # of children in facility \_\_\_\_\_\_\_\_\_\_ # of staff ill\_\_\_\_\_\_\_\_\_\_\_\_ Total # of staff in facility \_\_\_\_\_\_\_\_\_\_\_ # of students/staff visited provider\_\_\_\_\_\_\_ # of students/staff visited ER \_\_\_\_\_\_\_ # of students/staff hospitalized \_\_\_\_\_\_\_ # of students/staff who died \_\_\_\_\_\_  |
| **Patient Name** **(or initials)** | **Child Attendee (CA) or Staff (SF)**  | **Sex****(M) or (F)**  | **Age**  | **Diarrhea****(Y) or (N)**  | **Nausea** **(Y) or (N)** | **Vomiting****(Y) or (N)**  | **Fever****(Y) or (N)** | **Abdominal Cramps****(Y) or (N)** | **Provided Stool** **Sample****(Y) or (N)** | **First date ill**  | **Last date ill** |
| 1.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 2.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 3.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 4.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 5.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 6.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 7.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 8.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 9.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 10.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 11.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 12.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 13.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 14.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 15.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 16.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 17.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 18.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 19.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 20.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 21.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 22.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 23.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |
| 24.  |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_  | date \_\_\_/\_\_\_/\_\_\_ |