

Lincoln-Lancaster County Health Department Gastrointestinal OUTBREAK Illness Line List Report Date ___/___/___

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 _/_/___