

**CHP IDP ENTERIC LINE LIST E FORM - DAILY STATUS REPORT**

Please complete and fax to the Leeds, Grenville and Lanark District Health Unit by 10:00 a.m. each day.

**Secure Fax Line: 613-345-5777**

Date:		Outbreak Number:				Contact Name:						Number of Pages:				
Institution Name:												<input checked="" type="checkbox"/> choose one only: <input type="checkbox"/> STAFF DATA <input type="checkbox"/> RESIDENT DATA				
Case Definition - Any resident or staff member with illness onset from (date)												who is experiencing two or more unexplained episodes of vomiting and/or diarrhea within 24 hours.				
Case Identification				Onset		Signs/Symptoms						Laboratory Tests			Comments	
Case Number (sequentially)	Name & Location (floor, room)	Gender (f/m)	Date of Birth (yyyy/m/d)	Onset Date (yyyy/m/d)	Onset Time	Abnormal temperature °C	Nausea	Vomiting	Diarrhea	Poor Appetite	Headache	Other Symptoms List in Comments	Type of Test	Date Collected (yyyy/m/d)	Results	(i.e. date resolved, treatment, deceased, etc.)
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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