



## GASTROENTERIC LINE LISTING

Page #:

Name of Facility: \_\_\_\_\_ Unit: \_\_\_\_\_ Unit census: \_\_\_\_\_ Outbreak #: 2244 - \_\_\_\_\_ - \_\_\_\_\_  
 Facility census: \_\_\_\_\_

Patient/Resident Line List     Staff Line list    Case Definition: \_\_\_\_\_

#	Personal Data			Symptoms													Tests/Diagnostics (y/m/d)			Outcome Dates (y/m/d)				Comments	
	Name/PIN/DOB	Admission date	Room Unit	Symptom Onset y/m/d	Diarrhea	Vomiting	Fever	Bloody Diarrhea	Cramps	Nausea	Headache	Malaise	Loss of Appetite				Meets Case definition	Stool specimen	Other	Hospital	Died	Isolation			

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