**CAMP OUTBREAK LINE LISTING RECORD** **Staff** **Campers** **Location:**

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| OUTBREAK NUMBER:  2247-     - | | Facility Contact Name: | | | | **Total Number at Camp** | | | | | | | Date of Index Case:    yyyy/mm/dd | | | | Date Notified:  yyyy/mm/dd | | Date Declared Over:  yyyy/mm/dd | | |
| Facility: | | Telephone #: | | | | # Staff: | | | | # Campers: | | |
| Cabin/room/ Occupation | Name  (Last name, First name)  *Print name out in full* | | Sex  M/F | Date of Birth  yyyy/mm/dd | Symptom Onset Date  & Time  yyyy/mm/dd, hh:mm | Symptoms  (Check all that apply) | | | | | | | | | | Date & Time Excluded  yyyy/mm/dd, hh:mm | Date & Time of Recovery  yyyy/mm/dd, hh:mm | Date & Time Returned to Activities  yyyy/mm/dd, hh:mm | Treatment | | Initials/  Designation  [For Health Unit Use Only] |
| Diarrhea | # Episodes in 24 hours | Vomiting | # Episodes in 24 hours | | Nausea | Fever | | Stomach cramps |  | Physician/ NP Seen Y / N | Hospitalized Y / N |
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| **Complete and fax DAILY by 11 am to 705-482-0670.** | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS: | | | | | | | | | | | | | | | | | | | | | |
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WIT-CDC-105-07 – 2022-09-16