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| **CAMP ENTERIC OUTBREAK LINE LISTING RECORD** [ ]  **Campers** [ ]  **Staff**  | **Location:**       |
| OUTBREAK NUMBER: 2247-**-** | Camp Contact Name:       | **Total Number at Camp** | Date of Index Case:     yyyy/mm/dd | Date Health Unit Notified:      yyyy/mm/dd | Date Declared Over:      yyyy/mm/dd |
| Camp:       Gender  | Tel:      Email:       | # Staff:      | # Campers:      |  |  |  |
| Cabin/Room/ Occupation | Name(Last name, First name)*Print name out in full* | M/F/Other | For Campers, EnterDate of Birthyyyy/mm/ddFor Staff, EnterLast Day Workedyyyy/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 Recoveryyyyy/mm/dd, hh:mm | Date & Time Returned to Activitiesyyyy/mm/dd, hh:mm | Treatment |
|  |  |  |  |  |  |  |  |  | Physician / NP SeenY / N | HospitalizedY / N |
|  |  |  |  |  | Diarrhea | # Episodes in 24 hours | Vomiting | # Episodes in 24 hours | Nausea | Fever | Stomach Cramps | Other:       |  |  |  |  |  |
|       |       |    |       |       |[ ]     |[ ]     |[ ] [ ] [ ] [ ]        |       |       |    |    |
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| **Complete and fax DAILY by 11:00 am to 705-482-0670.** |
| Comments:       |
| Date Updated |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |