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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, Enter Date of Birth  yyyy/mm/dd  For Staff, Enter Last Day Worked 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 | | |
| Physician / NP Seen  Y / N | | Hospitalized  Y / 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 |  | |  |  |  | | | |  |  | |  |  | |  | |  | | | |  | | |  | | |  | | | |  |  | |  |  | |  | |  | |  | |