HILD CARE ENTERIC OUTBREAK LINE LISTING RECORD Staff							Chil	drei	n						Location:				
2247-			Facility Contact Name:				Total Number at Child Care						of Ind	dex Case:	Date Notified:		Date Declared Over:		
							Centre												
Facility: Telep		Telephone	elepnone #:				# Staff:			# Children:			yyyy/mm/dd		yyyy/mm/dd		yyyy/mm/dd		dd
Room/ Occupation	Name (Last name, First name)			Date of Birth (for children	Symptom Onset Date & Time		1	(Ch	Symptoms eck all that apply)					Date & Time child was last at centre	Date & Time symptoms ended	Date & Time child returned to centre	Treatment		Initials/ Designation
	Print naı	me out in full	<b>S</b> M/F	only) yyyy/mm/dd	yyyy/mm/dd, hh:mm	Diarrhea	# Episodes in 24 hours	Vomiting	# Episodes in 24 hours	Nausea	Fever	Stomach cramps		yyyy/mm/dd, hh:mm	yyyy/mm/dd, hh:mm	yyyy/mm/dd, hh:mm	Physician/ NP Seen Y / N	Hospitalized Y / N	[For Health Unit Use Only]
							<u> </u>		<u> </u>	<u> </u>					Com	plete and fax D	AILY b	 y 11 am	to 705-474-2809.
COMMENTS:																			_
Last Updated																			

WIT-CDC-105-06 - 2018-06-22

