CHILD CARE ENTERIC OUTBREAK LINE LISTING RECORD ☐Staff ☐Children Location:

OUTBREAK NUMBER: 2247-	Facility Contact Name:	Total Number at Child Care Centre		Date of Index Case:	Date Notified:	Date Declared Over:
Facility:	Telephone #:	# Staff:	# Children:	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd

Room/ Occupation	Name (Last name, First name) *Print name out in full*	Sex M/F	Date of Birth (for children only) yyyy/mm/dd	Symptom Onset Date & Time yyyy/mm/dd, hh:mm	Symptoms (Check all that apply)								Date & Time child was last at centre yyyy/mm/dd, hh:mm	Date & Time symptoms ended yyyy/mm/dd, hh:mm	Date & Time child returned to centre 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 705-474-2809.

COMMENTS:																			
Last Updated																			

WIT-CDC-105-06 – 2018-06-22

his information is being collected pursuant to the Health Protection and Promotion Act, R.S.O.1990, c.H.7 and will be retained, used, disclosed, and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, the Personal Health Information Protection S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure, and disposal of information. Any questions regarding this collection may be directed to the Personal Health Information Manager at the North Bay Parry Sound District Health Unit, 345 ., North Bay, ON P1B 2T2, 705-474-1400 / 1-800-563-2808 or at privacy@healthunit.ca."

North Bay Parry Sound District Health Unit