

CAMP OUTBREAK LINE LISTING RECORD Staff Campers

Location:

OUTBREAK NUMBER: 2247-	Facility Contact Name:	Total Number at Camp		Date of Index Case:	Date Notified:	Date Declared Over:
Facility:	Telephone #:	# Staff:	# Campers:	_____ / ____ / ____ yyyy/mm/dd	_____ / ____ / ____ yyyy/mm/dd	_____ / ____ / ____ yyyy/mm/dd

Cabin/room/ Occupation	Name (Last name, First name) <i>Print name out in full</i>	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		
					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Complete and fax DAILY by 11 am to 705-482-0670.

COMMENTS:

"This 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 Act, 2004, 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 Oak St. W., North Bay, ON P1B 2T2, 705-474-1400 / 1-800-563-2808 or at privacy@healthunit.ca."

