

## Log of Outbreak Cases

Location/Facility Name: \_\_\_\_\_ Earliest Date for Onset of Symptoms: \_\_\_\_\_

Facility Contact Name and Phone Number: \_\_\_\_\_

Name of Ill Person	Resident: Room #/Bed # Staff: Position & Shift	Date of Birth	Sex	Date of Initial Onset of Symptoms (indicate am or pm)	Abdominal Cramps	Fever	Diarrhea	Vomiting	Nausea	Duration of Illness (days)	Date Hospitalized	Date Specimen Submitted	Lab Result