

Population Health Unit Name	
Fax to :9388 4872	Pageof

## Gastroenteritis outbreak at childcare centre

Case list Form: Name of facility	Contact person	
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Please enter the information for cases below. Check that each case is entered only once on the Case List Form.

ill persons details					Description of illness (tick any symptoms that apply						apply)	ly) Specimen	Specimen
Case No.	Name	DOB	Specify if child / staff	Room of child/staff e.g nursery	Date of illness onset	Duration of illness (days)	Vomit	Diarrh	Bloody diarrh	Fever	Abdo pain	tested yes/no	test results
1													
2													
3													
4													
5													
6			1										
7													
8			1										
9			1										
10			+										
11													
12			+										
13													
14													