ENTERIC OUTBREAK LINE LISTING FORM

York Region

☐ Client advised of the purposes for which information is collected and will be used and disclosed pursuant to confidentiality policy

CHECK ONE ONLY:
☐ STAFF DATA
☐ RESIDENT DATA

INSTITUTION NAME: _____
OUTBREAK NUMBER: 2270-_____

Case Identification							Symptoms															Complications		Specimens				Status
Case Number (sequentially)	□ Clients listed below have been advised of the purposes for which information is collected and will be used and disclosed pursuant to confidentiality policy Name	Floor	Room	Gender (M/F)	Age	Family Notified	Onset date of first symptom (d/m)	diarrhea				vomiting	nausea	poor appetite	abdominal cramps	weight loss	chills	malaise (tired, weak)	myalgia(muscle pain/backache)	abnormal temperature (°C)	other - please specify	hospitalization (date d/m)	death (date d/m)	Stool (date d/m)	Result (date d/m)	Other - specify (date d/m)	Result (date d/m)	Resolved (date d/m)
								loose	bloody	watery	frequency in 24 hrs.																	

Comments

This information is being collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 for the purpose of outbreak investigation, monitoring, management, and follow-up, for the purpose of infectious disease surveillance, the purpose of public health administration and for the p used, disclosed and disposed of in accordance with the Personal Health Information Protection Act, 2004, S.O. 2004, c. 3. Any questions regarding this collection may be directed to the Director of Infectious Disease Control, 17250 Yonge Street, Newmarket, Ontario, L3Y 6Z1, (905) 895-4511 extension 412

Fax form to: 905-898-5213
If you have questions call:
1-877-464-9675 or 905-895-4511 x3500