



Institution Name: _____ Floor /Wing: _____

Public Health Investigator: _____

Outbreak Number: 2270-20 - Case definition _____

Date OB declared : _____ Facility contact & Ext: _____

Case Identification			Symptoms									Stool Specimen			Hospitalization			Death			Recovery	Relapse		
<small>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; infectious disease surveillance; public health administration and the provision of statistical data to the Ministry of Health and Long Term Care information will be retained, used, disclosed and disposed of in accordance with the Personal Health Information Protection Act, 2004, C.3. If you have any questions, please contact the Manager for the Control of Infectious Diseases and Outbreak Management at ext. 73500.</small>			Onset date of first symptom (Y/M/D)	Diarrhea			vomiting	Nausea	Abdominal Pain/cramps	Fever	Other - specify	Date collected	Results	Organism Detected	Name of hospital	Date admitted	Date discharged	Diagnosis	Date of death	Cause of death	Coroner's Name	Date of last symptom (Record 48 hrs later)	Date of Relapse	Date of last symptom (Record 48 hrs later)
				loose/watery	Bloody	Frequency in 24 hrs																		
Meets/Does Not Meet	Name	Room	DOB																					
	<input type="checkbox"/> Male <input type="checkbox"/> Female																							
	Underlying medical conditions																							
	HC #																							
Meets/Does Not Meet	Name	Room	DOB																					
	<input type="checkbox"/> Male <input type="checkbox"/> Female																							
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