School Name: _____ **ENTERIC OUTBREAK LOG-STUDENT** **Onset of outbreak (date)_____**

☐ **STUDENT** SUSPECTED ENTERIC ILLNESS: _____

Date Faxed: _____ Contact person @ facility completing this form: _____

Name of STUDENT	Age/ DOB	Guardian Name and Phone Number	Room and grade	Date/time of symptoms onset	Symptoms / treatment / lab results	Duration of symptoms
1.					☐ fever ☐ diarrhea ☐ vomiting ☐ nausea ☐ headache ☐ other (list) ☐ labs sent : specify type and site:_____ ☐ no labs ☐ treatment:_____ Last day in school/work:	
2.					☐ fever ☐ diarrhea ☐ vomiting ☐ nausea ☐ headache ☐ other (list) ☐ labs sent : specify type and site:_____ ☐ no labs ☐ treatment:_____ Last day in school/work:	
3.					☐ fever ☐ diarrhea ☐ vomiting ☐ nausea ☐ headache ☐ other (list) ☐ labs sent : specify type and site:_____ ☐ no labs ☐ treatment:_____ Last day in school/work:	
4.					☐ fever ☐ diarrhea ☐ vomiting ☐ nausea ☐ headache ☐ other (list) ☐ labs sent : specify type and site:_____ ☐ no labs ☐ treatment:_____ Last day in school/work:	
5.					☐ fever ☐ diarrhea ☐ vomiting ☐ nausea ☐ headache ☐ other (list) ☐ labs sent : specify type and site:_____ ☐ no labs ☐ treatment:_____ Last day in school/work:	
6.					☐ fever ☐ diarrhea ☐ vomiting ☐ nausea ☐ headache ☐ other (list) ☐ labs sent : specify type and site:_____ ☐ no labs ☐ treatment:_____ Last day in school/work:	
7.					☐ fever ☐ diarrhea ☐ vomiting ☐ nausea ☐ headache ☐ other (list) ☐ labs sent : specify type and site:_____ ☐ no labs ☐ treatment:_____ Last day in school/work:	
8.					☐ fever ☐ diarrhea ☐ vomiting ☐ nausea ☐ headache ☐ other (list) ☐ labs sent : specify type and site:_____ ☐ no labs ☐ treatment:_____ Last day in school/work:	
9.					☐ fever ☐ diarrhea ☐ vomiting ☐ nausea ☐ headache ☐ other (list) ☐ labs sent : specify type and site:_____ ☐ no labs ☐ treatment:_____ Last day in school/work:	