**SUBMIT VIA EMAIL TO APHILLIPS@TCHD.NET AND BMCCONNELL@TCHD.NET OR FAX TO 309-925-2038.**

CONFIDENTIAL: ACUTE GASTROENTERITIS (A.G.E.) OUTBREAK

LINE LIST OF **RESIDENTS** ILL WITH DIARRHEA* AND/OR VOMITING*

_____ (Facility name)

| NAME (Last, First) | DOB or AGE | GENDER | UNIT and ROOM # | SYMPTOM ONSET DATE (MM/DD/YY) | SYMPTOM(S) ** | STOOL TEST RESULTS | HOSP. ADM. DATE | HOSP. DISCH. DATE | OTHER |
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***DIARRHEA** is defined as 3 or more loose stools in a 24-hour period when the occurrence is not readily explained by other known pre-disposing medical factors.

* **VOMITING** is defined as 2 or more episodes of vomiting in a 24-hour period when the occurrence is not readily explained by other known pre-disposing medical factors.

** **SYMPTOM KEY:** D = diarrhea; V = vomiting.

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CONFIDENTIAL: ACUTE GASTROENTERITIS (A.G.E.) OUTBREAK

LINE LIST OF **STAFF** ILL WITH DIARRHEA* AND/OR VOMITING*

_____ (Facility name)

| NAME (Last, First) | DOB or AGE | GENDER | TITLE | SYMPTOM ONSET DATE (MM/DD/YY) | SYMPTOM(S) ** | STOOL TEST RESULTS | DATES ABSENT FROM WORK | OTHER |
|---|---|---|---|---|---|---|---|---|
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