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| Outbreak Disease Illness Log | | | | | |
| To: Te Mana Ora | Community and Public Health [CW-NPHS-HealthProtection@tewhatuora.govt.nz](mailto:CW-NPHS-HealthProtection@tewhatuora.govt.nz)  Attention: Communicable Disease Team | | | | | |
| **Name of Facility:**  *Please record the following information of who has become ill with vomiting and/or diarrhoea, and*  *return by email to the address above when the outbreak is over.*  *Indicate those people who provided faecal specimens and the results, if known.* | | | | | |
| **Name** | **Gender/ Sex (M/F)** | **Age**  **(or D.O.B.)** | **Ethnicity** | **Resident or Staff** | **Date of onset** |
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