|  |
| --- |
| Outbreak Disease Illness Log |
| To: Te Mana Ora | Community and Public Health CW-NPHS-HealthProtection@tewhatuora.govt.nzAttention: 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |