

# Gastrointestinal Illness (GI) Surveillance Tool

Choose one: Patient/ Resident \_\_\_\_\_  
Staff \_\_\_\_\_

Facility:	Facility phone #:	Facility fax #:
Outbreak location:	# of beds in outbreak location:	Total # of staff in outbreak location:
Reporting Contact:	Contact phone #:	

Date of Illness Onset (d/m/yyyy)	Date of Illness Recovery (d/m/yyyy)	Name (Last, First)	Room/ Location	Specimen obtained (d/m yyyy)	Specimen Results	Diarrhea	Vomiting	Nausea	Headache	Fever	Abdominal Pain	Case Y/N	Additional Information
25-Mar-14		Illness, Gastro	63	27-Mar-14		✓		✓	✓	37.5	✓	Y	