Line List for Acute Gastroenteritis or Norovirus Outbreaks in Schools and Healthy Populations

Facility Name:_____ **County:**_____

Contact Person:_____ **Phone Number:**_____

	Demographics				Duration of Illness				Symptoms				Outcome		Lab Testing	
Name	Date of Birth	Age	Classroom/ Grade	Gender	Onset Date	Onset Time	Date Well	Time Well	# of Episodes of Diarrhea	Vomiting (Yes/No)	Fever (Yes/No)	Highest Temperature	Hospitalized (Yes/No)	Died (Yes/No)	Lab Testing Results	Date Lab Testing Done

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