Facility Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submitted By: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Log of Persons with Gastrointestinal Illness**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Patient Name ( Last, First) | Age | Sex (M/F) | Room # | Date Illness began (approx) | Signs/Symptoms (Y/N/U) | | | | Date symptoms last reported | Date returned to work (staff) | COMMENTS  (Please note if person is a staff member, sought medical care, hospitalized  or family members reported similar illness) |
| Fever | Nausea | Vomiting | Diarrhea  W= Watery  B= Bloody |
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Please complete as much information as possible for all known cases of gastrointestinal illness that began on or after \_\_\_\_\_\_\_\_\_\_\_\_\_

Please update daily as new cases arise and fax to the attention of Yolo County Community Health Branch (530) 669-1549