# GI REPORTING LIST (“Line List”)

## **PROCEDURES**

PROCEDURES FOR FILLING OUT LINELISTS

* Only one school per line list. You may use additional pages if needed and please NUMBER the pages at the top.
* School name on every page
* Submission Date top right corner
* List only NEW or REPEAT cases of GI illness for that date of submission.

PROCEDURES FOR SUBMITTING LINE LISTS

* Below is a fillable template. Please TYPE or PRINT CLEARLY.
* Send line lists DAILY.
* We have one FAX line for all communicable disease reports.  After school is the busiest time for line list submissions, so consider other times to fax. Confidential FAX: 530-669-1549.
* A few tips other reporting tips:
  + Keep faxes to 6 pages

**School Name/District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submission Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_\_**

**Submitted by: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact info (phone and email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Line List of Persons with Gastrointestinal Illness**

Fax to Yolo Count HHSA – Infectious Disease Unit at **(530) 669-1549** (this is a confidential fax #)

Or *email* [Katie.Kelsch@yolocounty.org](mailto:Katie.Kelsch@yolocounty.org) to receive an encrypted email for line list submissions.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student/Staff Name (Last, First)** | **Age** | **Sex (M/F)** | **Date Illness began (approx.)** | **Signs/Symptoms (Y/N/U)** | | | | **COMMENTS**  Please note the following:   * Individual is a staff member * Went to the Emergency Room * Was Hospitalized due to illness/symptoms * Reported a Positive Norovirus test |
| Fever | Nausea | Vomiting | Diarrhea |
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**\*NOTE: ONE school per line list and report only NEW CASES or REPEAT CASES for each daily submission\***