**Name of facility/daycare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total number of all clients\*:\_\_\_\_\_\_\_\_\_\_\_\_ Total number of all staff: \_\_\_\_\_\_\_\_\_\_\_\_\_** \*Clients refer to residents in facility, children in daycare

Case definition: Anyone ill with vomit and/or at least diarrhea x2 within 24 hours

| **Name** (Last, First) **or Initials** | **Client/Staff** (C/S) | **Room/Class** | **Age** | **Sex** (M/F) | **SYMPTOMS** | **LAB TESTING** | **OUTCOME** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Onset date | Duration of symptom (days) | Diarrhea x2 in 24hr (Y/N) | Bloody diarrhea (Y/N) | Vomiting (Y/N) | Other symptom | Lab tested (Y/N) | Lab result | Hospitalized and/or died (H/D) |
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