



# School / Daycare GI Intake Form: Cluster / Outbreak

<b>WCHD Lead:</b>		Outbreak toolkit sent: <input type="checkbox"/> Y <input type="checkbox"/> N      By: <input type="checkbox"/> Fax <input type="checkbox"/> Email			
<b>Outbreak:</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>Outbreak # Assigned:</b>			
Date:	Time:	am / pm		Taken By:	
Name of Caller:			Position:		
Facility Name:			Facility Fax #:		
Facility Address:					
Point of Contact:			Position:		
Email Address:			Phone #:		
First Onset of Illness:	Date:	Time:	am / pm	Duration:	(hrs)
Last Onset of Illness:	Date:	Time:	am / pm	Duration:	(hrs)
<b>Symptoms:</b> <i>(check all that apply)</i>					
Gastrointestinal: <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea (>3 stools in 24 hours) <input type="checkbox"/> Bloody Stools <input type="checkbox"/> Fever (>100°F)					
<input type="checkbox"/> Other - list:					
<b>Attack Rate Information:</b>					
# of ill students/attendees		# of ill staff		How many are food workers (*)	
Total # of students/attendees:		Total # of staff:			
Ill students/attendees excluded? <input type="checkbox"/> Y <input type="checkbox"/> N		Ill Staff Excluded <input type="checkbox"/> Y <input type="checkbox"/> N    (Recommendation: GI 48 hrs, no sx)			
Recent gatherings: <input type="checkbox"/> Y <input type="checkbox"/> N		Was food served at gathering? <input type="checkbox"/> Y <input type="checkbox"/> N			
<i>If yes, Date &amp; description of gathering:</i>					
Other group activities: <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, Date &amp; description:</i>					
Medically fragile classroom affected <input type="checkbox"/> Y <input type="checkbox"/> N					
<b>Classroom with &gt;20% affected</b>		<b># of ill students/attendees</b>		<b>Total # in classroom</b>	
<b>Hospitalization / Lab Testing:</b>					
<b>Name</b>	<b>DOB</b>	<b>Provider/Facility</b>	<b>Hospitalized</b>	<b>Lab Testing</b>	<b>Positive Lab</b>
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Control Measures:</b> In place since - Date:                      Time:                      am / pm					
Letters distributed to:    Parents / Students <input type="checkbox"/> Y <input type="checkbox"/> N      Facility Staff <input type="checkbox"/> Y <input type="checkbox"/> N      EH Consult <input type="checkbox"/> Y <input type="checkbox"/> N					
<input type="checkbox"/> Enforce exclusion guidelines <input type="checkbox"/> Monitor absentee counts <input type="checkbox"/> Discontinue group activities <input type="checkbox"/> Increase routine disinfecting <input type="checkbox"/> Contact precautions <input type="checkbox"/> Restrict non-food personnel from kitchen <input type="checkbox"/> Post signs <input type="checkbox"/> Discourage hand sanitizer <input type="checkbox"/> (*) If Food Workers ill, Disinfect Kitchen <input type="checkbox"/> Increase hand hygiene <input type="checkbox"/> Cleaning: EPA approved disinfectant: (name) _____					
<b>Notes:</b>					



# School / Daycare Respiratory Intake Form: Cluster / Outbreak

<b>WCHD Lead:</b>		Outbreak toolkit sent: <input type="checkbox"/> Y <input type="checkbox"/> N      By: <input type="checkbox"/> Fax <input type="checkbox"/> Email			
<b>Outbreak:</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>Outbreak # Assigned:</b>			
Date:	Time:	am / pm		Taken By:	
Name of Caller:			Position:		
Facility Name:			Facility Fax #:		
Facility Address:					
Point of Contact:			Position:		
Email Address:			Phone #:		
First Onset of Illness:	Date:	Time:	am / pm	Duration:	(hrs)
Last Onset of Illness:	Date:	Time:	am / pm	Duration:	(hrs)
Baseline Absentee Rates (Usual # absent per day)					
<b>Symptoms:</b> <i>(check all that apply)</i>					
Respiratory: <input type="checkbox"/> Fever (>100°F) <input type="checkbox"/> Cough <input type="checkbox"/> Sore Throat <input type="checkbox"/> Pneumonia					
<input type="checkbox"/> Other - list:					
<b>Attack Rate Information:</b>					
# of ill students/attendees		# of ill staff			
Total # of students/attendees:		Total # of staff:			
Ill students/attendees excluded? <input type="checkbox"/> Y <input type="checkbox"/> N		Ill Staff Excluded <input type="checkbox"/> Y <input type="checkbox"/> N (Recommendation: Resp 24 hrs, no fever			
Other group activities: <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, Date &amp; description:</i>					
Medically fragile classroom affected <input type="checkbox"/> Y <input type="checkbox"/> N					
<b>Classroom with &gt;40% affected</b>		<b># of ill students/attendees</b>		<b>Total # in classroom</b>	
<b>Hospitalization / Lab Testing:</b>					
<b>Name</b>	<b>DOB</b>	<b>Provider/Facility</b>	<b>Hospitalized</b>	<b>Lab Testing</b>	<b>Positive Lab</b>
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Control Measures:</b> In place since - Date:      Time:      am / pm					
Letters distributed to:    Parents / Students <input type="checkbox"/> Y <input type="checkbox"/> N      Facility Staff <input type="checkbox"/> Y <input type="checkbox"/> N      EH Consult <input type="checkbox"/> Y <input type="checkbox"/> N					
<input type="checkbox"/> Enforce exclusion guidelines		<input type="checkbox"/> Increase hand hygiene		<input type="checkbox"/> Post signs	
<input type="checkbox"/> Increase routine disinfecting		<input type="checkbox"/> Monitor absentee counts		<input type="checkbox"/> Discontinue group activities	
<input type="checkbox"/> Droplet Precautions		<input type="checkbox"/> Respiratory hygiene, hand hygiene, cough etiquette			
<b>Notes:</b>					