Yukon
Health and Social Services

Yukon Communicable Disease Control

GI Outbreak Surveillance Form – Patients / Residents / Clients

Case Definition: _____

Investigation/Outbreak Identification: _____

Patients / Residents / Clients					Clinical Presentation			Specimen(s) sent		Isolation	
Name	**D.O.B.** (yyyy-mm-dd)	**Unit**	**Room #**	**Room type**	**Date of symptoms**	**Symptoms**	**Duration of symptoms No. of hours No. of days**	**Collection Date / Date Submitted**	**Result**	**Date of Isolation Start**	**Date of Isolation End**

SYMPTOMS: V = Vomiting **D** = Diarrhea **C** = Cramps **N** = Nausea **F** = Fever **H** = Headache **A** = Abdominal Pain **M** = Myalgia
ROOM TYPE: P = Private **S** = Semi-private **M** = Multi-bed

Adapted from BC Provincial Infection Control Network, GI Outbreak Guidelines for Healthcare Facilities June 2010