



Health and Social Services

Yukon Communicable Disease Control

GI Outbreak Surveillance Form – Staff

Case Definition: _____

Investigation/Outbreak Identification: _____

Staff					Clinical Presentation			Specimen(s) sent	
Name	D.O.B. (yyyy-mm-dd)	Occupation	Units worked	Date of symptoms	Onset at work?	Symptoms	Duration of symptoms resolved	Collection Date / Date Submitted	Result

SYMPTOMS: **V** = Vomiting **D** = Diarrhea **C** = Cramps **N** = Nausea **F** = Fever **H** = Headache **A** = Abdominal Pain **M** = Myalgia

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