Gastrointestinal Outbreak Surveillance Form
Kentucky Department for Public Health

Contact person:	**E-mail address:**	**Telephone:**	**Date:**
Case Definition:			

Person and Illness									**Specimen**		
Name	Sex	DOB (year)	Onset Date	Onset Time	Symptoms	Max temp.	Symptom Duration (days)	Hospitalized (y/n)	Collection Date	Date Submitted	Result
1.											
2.											
3.											
4.											
5.											
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11.											
12.											
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14.											
15.											
16.											
17.											
18.											
19.											
20.											

Symptoms: **V**= vomiting, **D**= diarrhea, **N**= nausea, **F**= fever, **H**= headache, **A**= abdominal pain, **M**= muscle aches