Central Coast Public Health

Facility name

Gastroenteritis in an institution:

Total number of residents/children/patients at risk :

Line listing of affected residents/children/patients

Contact person

Case No	Full Name	Age (years and months)	Gender	Current ward/room	Date of Onset	Length of illness (hours)	Symptoms (see key)	Seen by doctor (Y/N)	Pathology collected (Date)	Result	Hospitalised/death Y/N

Key: V = vomiting; D = Diarrhoea; BD = bloody diarrhoea; T = > 38.5C; F = fever > 38.5C + chills

Please arrange collection of stool specimens from affected persons requesting culture & sensitivity, Norovirus PCR, Rotavirus, ova, cysts, and parasites.