

Acute Gastroenteritis / Norovirus Case Report Worksheet

Reporting facility: _____ Contact Name/Phone Number: _____ Estimated number of exposed patients during outbreak

Street Address: _____ Outbreak Identification Number (Health Dept. assigned) _____ Estimated number of exposed staff during outbreak

Unit: _____

Patient/Staff Demographics						Case Location	Symptoms					Outcome		Diagnostics			
Name	Unique ID (optional)	Patient (P) Staff (S)	Age	Sex (M/F)	Patients only: Room/Bed	Symptom onset date (mm/dd/yy)	Vomiting (Y/N)	Diarrhea (Y/N)	Bloody stools (Y/N)	Fever (Y/N)	Abdominal cramps (Y/N)	First symptom-free date (mm/dd/yy)	Died (Y/N/Unk)	Specimen(s) collected for diagnostics (Y/N/Unk)	Date of specimen collection (mm/dd/yy)	Lab Results	Location of stool specimen testing (H=HCF lab, C=contracted lab, S=state lab, CD=CDC lab)
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If required, REDACT Name column prior to faxing; FAX to local/state health department upon completion