Gastrointestinal Illness Surveillance Log

Vessel: _____ Voyage no: _____ Dates: From: _____ To: _____ Page _____ of _____

Total number of passengers aboard: _____ Total number of passengers ill: _____ Total number of crew aboard: _____ Total number of crew ill: _____

Date (mm/dd/yy)	Name (Last, First)	Age	M/F	Pax/Crew	Crew position	Cabin No.	Meal Seat	Illness Onset		Diarrhea		Vomiting	Fever		Abd. cramps	Headache	Myalgia	Stool specimens		Antidiarrheal Medications (Y/N)	Reportable case (Y/N)	Underlying illness (Specify)
								Date	Time	#	Blood Y/N	#	Y/N	°F	Y/N	Y/N	Y/N	Req Y/N	Rec Y/N			

Note: # for diarrhea and vomiting means the maximum number of diarrhea/vomiting episodes in any 24-hour period