	SIMCOE MUSKOKA DISTRICT HEALTH UNIT - CHILD CARE																						
ENTERIC LINE LIST - CHILDREN																							
	Name of Facility:																						
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	Date Outbreak Declared:								Case Definition:														
	Outbreak Number:																						
	Outbreak Number.																						
_		Consideration													Specimens				Resolution				
		Case Identification						П	Symptoms					\Box		specimens		Resolution					
Case #	(LAST NAME, First name)	Date of Birth (yy/mm/dd)	Parent name & phone #	Classroom and days attending	centre	at	Onset date of first symptom (yy/mm/dd)	Fever	Nausea	Cramps	Watery diarrhea Bloody diarrhea	Loose stools	Decreased appetite	Other- please specify	Stool Specimen submitted (y/n)	Results (if known)	Comments (Other symptoms, doctor diagnosis, treatment, hospitalized, etc.)	Date symptoms ended (yy/mm/dd)	Date returned to centre (yy/mm/dd)				
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