LINE LIST -- GI Illness

*These will be provided by the Epidemiology Department if an outbreak is suspected

School Name

Child Identification					Child Location			Illness Description								
								Y=Yes, N=No, U=Unknown								
Name (Last, First, M.I.)	Address	Guardian Name AND Phone	Age	Sex (M / F)	Grade	Teacher	Classroom	Date of Onset of Illness	Fever (Y / N / U)	Vomiting (Y / N / U)	Nausea (Y / N)	Diarrhea (Y / N / U)	Abdominal Cramps (Y / N / U)	Chills (Y / N / U)	Rash (Y / N / U)	Date Excluded