

**Resident GI Illness Log**

Date: \_\_\_/\_\_\_/\_\_\_

Facility name: \_\_\_\_\_ Type of facility (eg. nursing home, senior living): \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Number of residents in facility: \_\_\_\_\_ Number ill: \_\_\_\_\_ Number hospitalized: \_\_\_\_\_

Resident Name	Hall or Floor	Age	Sex	Vomit	Diarrhea	Fever	Died?	Onset Date/Time	Recovery Date/Time	Comments
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
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1. Send this log with initial information to MDH within 2 business days of reporting the outbreak
2. Send this log with completed/final information to MDH 1-2 weeks after the last illness onset

Resident Name	Hall or Floor	Age	Sex	Vomit <input type="checkbox"/> Y <input type="checkbox"/> N	Diarrhea <input type="checkbox"/> Y <input type="checkbox"/> N	Fever <input type="checkbox"/> Y <input type="checkbox"/> N	Died? <input type="checkbox"/> Y <input type="checkbox"/> N	Onset Date/Time Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Recovery Date/Time Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Comments
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
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