DEPARTMENT OF HEALTH

Staff GI Illness Log

health.foodill@state.mn.us
1-877-366-3455
Fax: 1-800-233-1817 Attn: norovirus
www.health.state.mn.us

Date: ___ / ___/____

School name:________________________________ Type of facility (e.g., elementary, middle, high): ____________________________

Contact: ________________________________ Phone:______________

Number of staff in facility: __________ Number ill: _______

Staff Name	Grade/ Classroom	Age	Gender	Vomit	Diarrhea	Fever	Onset Date/Time	Recovery Date/Time	Comments (e.g., went home sick, visited doctor, etc.)
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ________ Time:_____ ☐a.m. ☐p.m.	Date: ________ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ________ Time:_____ ☐a.m. ☐p.m.	Date: ________ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ________ Time:_____ ☐a.m. ☐p.m.	Date: ________ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ________ Time:_____ ☐a.m. ☐p.m.	Date: ________ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ________ Time:_____ ☐a.m. ☐p.m.	Date: ________ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ________ Time:_____ ☐a.m. ☐p.m.	Date: ________ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ________ Time:_____ ☐a.m. ☐p.m.	Date: ________ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ________ Time:_____ ☐a.m. ☐p.m.	Date: ________ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ________ Time:_____ ☐a.m. ☐p.m.	Date: ________ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ________ Time:_____ ☐a.m. ☐p.m.	Date: ________ Time:_____ ☐a.m. ☐p.m.	

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 ☐

SCHOOL

DEPARTMENT OF HEALTH

health.foodill@state.mn.us
1-877-366-3455
Fax: 1-800-233-1817 Attn: norovirus
www.health.state.mn.us

Staff GI Illness Log - continued

Staff Name	Grade/ Classroom	Age	Gender	Vomit	Diarrhea	Fever	Onset Date/Time	Recovery Date/Time	Comments (e.g., went home sick, visited doctor, etc.)
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	