*\*FAX COMPLETE FORM AND LINE LIST TO WAUKESHA COUNTY HEALTH DEPT:* ***262-896-8387***

*\*PLEASE FAX ANY POSITIVE LAB RESULTS APPLICABLE TO OUTBREAK*

|  |
| --- |
| DATE:       |
| FACILITY NAME:       |
| facility address:       |
| Telephone #:       |
| Fax #:       |
| contact person:       |
| email:       |

LABORATORY CONFIRMED DIAGNOSIS (INDICATE ALL THAT PERTAIN):

|  |  |  |
| --- | --- | --- |
| [ ]  NOROVIRUS | [ ]  C.DIFF | [ ]  SHIGA-TOXIN E.COLI |
| [ ]  SAPOVIRUS | [ ]  SALMONELLA | [ ]  CAMPYLOBACTER |
| [ ]  ASTROVIRUS | [ ]  OTHER (SPECIFY):       |

**NAME OF UNIT:**

**ONSET DATE OF FIRST GI ILLNESS FOR RESIDENTS:**

**ONSET DATE OF FIRST GI ILLNESS FOR STAFF:**

**ONSET DATE OF LAST GI ILLNESS FOR RESIDENTS:**

**ONSET DATE OF LAST GI ILLNESS FOR STAFF:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NUMBER EXPOSED | NUMBER ILL | NUMBER HOSPITALIZED | NUMBER OF DEATHS |
| RESIDENTS: |       |       |       |       |
|  STAFF:  |       |       |       |       |

NAME OF UNIT:

**ONSET DATE OF FIRST GI ILLNESS FOR RESIDENTS:**

**ONSET DATE OF FIRST GI ILLNESS FOR STAFF:**

**ONSET DATE OF LAST GI ILLNESS FOR RESIDENTS:**

**ONSET DATE OF LAST GI ILLNESS FOR STAFF:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NUMBER EXPOSED | NUMBER ILL | NUMBER HOSPITALIZED | NUMBER OF DEATHS |
| RESIDENTS: |       |       |       |       |
|  STAFF:  |       |       |       |       |

*\*If there are additional units affected, please add an additional page containing that information.*