OUTBREAK CASE LOG

**Estimated total number of children at Centre \_\_\_\_\_\_\_\_\_**

**Estimated total number of staff at Centre \_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Age** | **DOB** | **Sex (M/F)** | **Postion**  **Child/Staff** | **Room/Area** | **Symptoms start** | | **Symptoms stop** | | **Willing to provide a sample**  **(Y/N)** | **Symptoms**  **(Diarrhoea (D) , nausea (N) , vomiting (V) , stomach cramps (SC), Fever (F), Cough ( C), Runny Nose (RN), Rash ( R) other (O) please define.** |
| **Date** | **Time** | **Date** | **Time** |
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