

SAMPLE: Line List for Gastrointestinal Illness

Hennepin County HSPHD-Epidemiology Phone: (612) 543-5230 Fax (952) 351-5222 Date ____/____/____

School Name: _____ Contact: _____ Phone: _____ Outbreak onset: ____/____/____
 Number of students in school: _____ Number ill: _____ % with diarrhea: _____ % with vomiting: _____ % with fever: _____ % with bloody stool: _____

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Student Name	Grade #	Class	Diarrhea	Vomit	Fever	Stool Sample	Seen by Health Care Provider	Onset Date/Time
			Y N	Y N	Y N	Y N	Y N	Date: ____/____/____ Time: _____ am/pm
			Y N	Y N	Y N	Y N	Y N	Date: ____/____/____ Time: _____ am/pm
			Y N	Y N	Y N	Y N	Y N	Date: ____/____/____ Time: _____ am/pm
			Y N	Y N	Y N	Y N	Y N	Date: ____/____/____ Time: _____ am/pm
			Y N	Y N	Y N	Y N	Y N	Date: ____/____/____ Time: _____ am/pm
			Y N	Y N	Y N	Y N	Y N	Date: ____/____/____ Time: _____ am/pm
			Y N	Y N	Y N	Y N	Y N	Date: ____/____/____ Time: _____ am/pm
			Y N	Y N	Y N	Y N	Y N	Date: ____/____/____ Time: _____ am/pm