McHenry County Department of Health
Confidential: Acute Gastroenterititis (A.G.E.) Outbreak
RESIDENT Line List

							LAB SPECIMENS		HOSPITALIZATION	
NAME *(Last Name Only)*	**ROOM #**	**AGE**	**GENDER**	**SYMPTOM ONSET DATE**	**SYMPTOMS**** *(when meeting case definition)**	**SYMPTOM COMPLETION DATE**	**DATE COLLECTED**	**RESULTS**	**DATE ADMITTED**	**DATE DISCHARGED**

***CASE DEFINITION: Diarrhea (D),** defined as 3 or more loose stools within a 24 hour period when the occurance cannot be explained by other pre-disposing medical factors and/or V**omiting (V),** defined as 2 or more occurances within a 24 hour period when the occurance cannot be explained by other pre-disposing medical fators.

**** Please use "D" for Diarrhea and/or "V" for Vomiting**