Facility: **Date:**

Line List for GI Illness - RESIDENTS

Identification				Resident Location		Onset	Signs and Symptoms												Illness Outcome				
Name	DOB	Age	Gender	Resident's Wing	Resident's Room #	Date of Onset	Nausea (N)	Diarrhea (D)	Vomiting (V)	Abdominal Cramps (AC)	Gas (G)	Headache (H)	Myalgia/Muscle aches (M)	Unusual fatigue (T)	Fever (F)	Chills (C)	3 or more loose stools (3)	Blood in stools (B)	Seen a clinician	Visited ER	Died	Days Hospitalized	Duration of Illness in Hours
Last, First	MM/DD/YYYY	Years	(M/F)		RM #	MM/DD/YYYY																Days	Hours