

GASTROENTERIC LINE LISTING

Page #:

Name of Facility:								_ U	Unit:									Unit Census: Out Facility Census:				break #: 2244						
	Patient/Resident Line List	Staf	f Line list	Į.	Cas	e Defii	nition:	:								-	racinty C	ensus.										
	Personal Data			Symptoms														Tests/Diagnostics (y/m/d)			Outcome Dates (y/m/d)				Comments			
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#	Name/Age/DOB	Room Unit	Symptom Onset y/m/d	Diarrhea	Vomiting	Fever	Bloody	Cramps	Nausea	Headache	Malaise	Loss of Appetite				Meets Case definition	Date submitted	Results/ Date		Admitted/ Discharged Diagnosis	Date Cause	Date of last symptom	Date Out					

Notice of collection: Personal information is collected under the authority of the Health Protection and Promotion Act R.S.O. 1990 (as amended). It is collected to maintain a record of your disease follow-up and to provide statistics required by the Middlesex-London Health Unit and the Ministry of Health and Long-Term Care. Should you have questions about the collection and maintenance of this information, please contactMary Lou Albanese, IDC Manager, EHID, 519-663-5317 ext. 2358



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