Resident GI Illness Log

health.foodill@state.mn.us 1-877-366-3455 Fax: 1-800-233-1817 Attn: norovirus

www.health.state.mn.us

										Date:	
Facility name: Type of facility (eg. nursing home, senior living):											
Contact: Phone:											
Number of residents in facility:											
Resident Name	Hall or Floor	Age	Sex	Vomit	Diarrhea	Fever	Died?	Onset Date/Time	Recovery Date/Time	Comments	
				□Y□N	□Y□N	□Y□N	□Y□N	Date:	Date:		
				□Y□N	□Y□N	□Y□N	□Y□N	Time:	Date:		
				□у□п	□Y□N	□Y□N	□Y□N	Date:	Date:		
				□у□№	□Y□N	□у□и	□Y□N	Date:	Date: □a.m. Time: □a.m		
				□Y□N	□Y□N	□у□и		Date:	Date: □a.m. Time: □p.m.		
				□Y□N	□Y□N	□Y□N	□Y□N	Date:	Date:		
				□Y□N	□Y□N	□Y□N		Date: $\underline{\qquad}$ \underline	Date: □ _{a.m.} Time: □ _{p.m.}		
				□у□п	□Y□N	□Y□N	□Y□N	Date: $\square_{a.m.}$ Time: $\square_{p.m.}$	Date:		
				□у□п	□Y□N	□Y□N	□Y□N	Date: $\square_{a.m.}$ Time: $\square_{p.m.}$	Date: $_{\square a.m.}$ Time: $_{\square p.m.}$		
				□у□п	□Y□N	□Y□N	□Y□N	Date:	Date:		

- 1. Send this log with initial information to MDH within 2 business days of reporting the outbreak \Box
- 2. Send this log with completed/final information to MDH 1-2 weeks after the last illness onset \Box

Resident GI Illness Log - continued

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				□Y□N	□Y□N	□Y□N	□Y□N	Date:	Date:	
				□у□п	□у□Ν	□у□п	□У□№	Date:	Date:	
				□Y□N	□Y□N	□Y□N	□Y□N	Date: □a.m. Time: □p.m.	Date: Time: □ _{p.m.}	
				□у□п	□Y□N	□Y □N	□Y□N	Date: $\square_{a.m.}$ Time: $\square_{p.m.}$	Date: Time: □ _{p.m.}	
				□у□п	□Y□N	□Y □N	□Y□N	Date: □ _{a.m.} Time: □ _{p.m.}	Date: Time: □ _{p.m.}	
				□у□п	□Y□N	□Y □N	□Y□N	Date: □a.m. Time: □p.m.	Date: Time: □ _{p.m.}	
				□у□п	□Y□N	□Y□N	□Y□N	Date: □a.m. Time: □p.m.	Date: Time: □ _{p.m.}	
				□у□и	□Y□N	□Y □N	□Y□N	Date: $\square_{a.m.}$ Time: $\square_{p.m.}$	Date: Time: □ _{p.m.}	
				□у□п	□Y□N	□Y □N	□Y□N	Date:	Date: Time: □ _{p.m.}	
				□у□п	□Y□N	□Y □N	□Y□N	Date:	Date: Time: □ _{p.m.}	
				□Y□N	□Y□N	□Y□N	□Y□N	Date: $\underline{\hspace{1cm}}$	Date: Time: □ _{p.m.}	
					□Y□N	□Y □N	□Y□N	Date:	Date:	