

Case Log of Residents and Staff with Acute Gastrointestinal Illness

Facility Name:	Facility Type:
Person Completing Form:	Title:
	Phone:

Resident/Staff Information				Location		Signs/Symptoms							Illness Outcomes				Testing & Diagnosis	
Name [Resident/Staff]	Resident or Staff Member (R/S)	Age	Gender (M/F)	Building	Unit/Room #	Date of Symptom Onset	Vomiting	Diarrhea	Bloody Diarrhea	Fever	Highest Temp	Other (specify)	Symptom Duration (Days)	Hospitalized (Y/N)	Days Hospitalized	Died (Y/N) If Yes, Date	MD Diagnosis (if any)	Laboratory Test Results (if any)

This case log may be used in place of the CDPH Appendix 1 Sample Case Log of Residents and Staff with Acute Gastrointestinal Illness. It can be completed electronically or printed out for completion by hand.