

Facility

Gastrointestinal Outbreak Tracking - Client

■ Complete and email form to applicable zone: Edmonton Zone - edm.eph.gioutbreak@ahs.ca Calgary Zone - gioutbreaks.calzone@ahs.ca

North Zone - ahs.nz.eph.diseasecontrolteam@ahs.ca South Zone - sz.cdceph.triage@ahs.ca Central Zone - ahs.cz.eph.diseasecontrolteam@ahs.ca

Total Number of Clients on Affected Unit		Outbreak (EI) Number							
Facility Name			Unit/Floor Affected						
Address						Postal Code			
Contact/Designate Name			Phone			Fax			
ONLY ADD NEWLY SYMPTOMATIC CLIENTS (resident/patient)									
Client Last Name (Legal)	Client First N	Jame (Legal)			Or	Onset Date (dd-Mon-yyyy)			
DOB (dd-Mon-yyyy)	PHN	Room							
Symptoms within onset day <i>(midnigh</i>	ht to 2359 hours)	of initial	number of e	pisodes	of v	omiting	and/or diarrhea.		
□ Vomiting, number of episodes? □ Diarrhea, number of episodes?									
□ Other symptoms									
Test Performed/Lab Results Stool Sample Taken ☐ Yes ☐ No									
Result									
Recovery Date of Last Episode (dd-Mo.	Date Released from Precautions (dd-Mon-yyyy)								
Hospitalized Date (dd-Mon-yyyy)			Deceased Date (dd-Mon-yyyy)						
Comments									
Client Last Name (Legal)	Client First N	Client First Name (Leg			Or	Onset Date (dd-Mon-yyyy)			
DOB (dd-Mon-yyyy)	PHN	Room							
Symptoms within onset day (midnight to 2359 hours) of initial number of episodes of vomiting and/or diarrhea.									
□ Vomiting, number of episodes?									
□ Other symptoms									
Test Performed/Lab Results Stool Sample Taken ☐ Yes ☐ No									
Result									
Recovery Date of Last Episode (dd-Mon-yyyy)			Date Released from Precautions (dd-Mon-yyyy)						
Hospitalized Date (dd-Mon-yyyy)			Deceased Date (dd-Mon-yyyy)						
Comments									

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DOB (dd-Mon-yyyy)	PHN	-IN			Room					
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Hospitalized Date (dd-Mon-yyyy)			Deceased Date (dd-Mon-yyyy)							
Comments										
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Result										
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Comments		,								

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