## **Gastrointestinal Outbreak Tracking - Staff**



• 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

Facility								
Total Number of Staff on Affected Unit		Outb	Outbreak (EI) Number					
Facility Name			Unit/Floor Affecte	ed				
Address				P	Postal Cod	e		
Contact/Designate Name			Phone		Fax			
ONLY ADD NEWLY SYMPTOMATIC STAFF								
Staff Last Name (Legal)	Staff First Name (Legal)			(	Onset Date (dd-Mon-yyyy)			
DOB (dd-Mon-yyyy)	Phone Number							
Symptoms within onset day (midnight to 2359 hours) of initial number of episodes of vomiting and/or diarrhea.								
□ Vomiting, number of episodes? □ Diarrhea, number of episodes?								
Other Symptoms								
Test Performed/Lab Results			Stool Sample T	aken	□ Yes	□ No		
Result								
Returned to Work Date (dd-Mon-yyyy)								
Comments								
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□ Other Symptoms								
Test Performed/Lab Results			Stool Sample T	aken	□ Yes	D No		
Result								
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Comments								



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D Other Symptoms							
Test Performed/Lab Results		Stool Sample Taken	□ Yes □ No				
Result							
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Result							
Returned to Work Date (dd-Mon-yyyy)							
Comments							