

**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

<b>Facility</b>	
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 ( <i>resident/patient</i> )		
Client Last Name ( <i>Legal</i> )	Client First Name ( <i>Legal</i> )	Onset Date ( <i>dd-Mon-yyyy</i> )
DOB ( <i>dd-Mon-yyyy</i> )	PHN	Room
Symptoms within onset day ( <b>midnight to 2359 hours</b> ) of initial number of episodes of vomiting and/or diarrhea. <input type="checkbox"/> Vomiting, number of episodes? _____ <input type="checkbox"/> Diarrhea, number of episodes? _____ <input type="checkbox"/> Other symptoms _____		
Test Performed/Lab Results	Stool Sample Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	
Result _____		
Recovery Date of Last Episode ( <i>dd-Mon-yyyy</i> )	Date Released from Precautions ( <i>dd-Mon-yyyy</i> )	
Hospitalized Date ( <i>dd-Mon-yyyy</i> )	Deceased Date ( <i>dd-Mon-yyyy</i> )	
Comments		

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