

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

North Zone - ahs.nz.eph.diseasecontrolteam@ahs.ca

Calgary Zone - gioutbreaks.calzone@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		Outbreak (EI) Number	
Facility Name		Unit/Floor Affected	
Address			Postal Code
Contact/Designate Name		Phone	Fax

ONLY ADD NEWLY SYMPTOMATIC STAFF		
Staff Last Name <i>(Legal)</i>	Staff First Name <i>(Legal)</i>	Onset Date <i>(dd-Mon-yyyy)</i>
DOB <i>(dd-Mon-yyyy)</i>	Phone Number	
Symptoms within onset day (midnight to 2359 hours) 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 _____		
Returned to Work Date <i>(dd-Mon-yyyy)</i>		
Comments		

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