

Date: ___/___/___

Facility name: _____ Type of facility (eg. nursing home, senior living): _____
 Contact: _____ Phone: _____
 Number of staff in facility: _____ Number ill: _____

Staff Name	Work Title	Work Unit	Vomit	Diarrhea	Fever	Onset Date/Time	Recovery Date/Time	Comments
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
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1. Send this log with initial information to MDH within 2 business days of reporting the outbreak
2. Send this log with completed/final information to MDH 1-2 weeks after the last illness onset

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