DEPARTMENT OF HEALTH

health.foodill@state.mn.us
1-877-366-3455
Fax: 1-800-233-1817 Attn: norovirus
www.health.state.mn.us

Student GI Illness Log

Date: ___ / ___ /____

School name:_____ Type of facility (e.g., elementary, middle, high): _____

Contact: _____ Phone:_____

Number of students in facility: _____ Number ill: _____

Student Name	Grade/ Classroom	Age	Gender	Vomit	Diarrhea	Fever	Onset Date/Time	Recovery Date/Time	Comments (e.g., sent home, visited doctor, etc.)
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time:_____ ☐a.m. ☐p.m.	Date: _____ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time:_____ ☐a.m. ☐p.m.	Date: _____ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time:_____ ☐a.m. ☐p.m.	Date: _____ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time:_____ ☐a.m. ☐p.m.	Date: _____ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time:_____ ☐a.m. ☐p.m.	Date: _____ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time:_____ ☐a.m. ☐p.m.	Date: _____ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time:_____ ☐a.m. ☐p.m.	Date: _____ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time:_____ ☐a.m. ☐p.m.	Date:_____ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time:_____ ☐a.m. ☐p.m.	Date:_____ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time:_____ ☐a.m. ☐p.m.	Date: _____ Time:_____ ☐a.m. ☐p.m.	

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 ☐

SCHOOL

DEPARTMENT OF HEALTH

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Student GI Illness Log - continued

Student Name	Grade/Classroom	Age	Gender	Vomit	Diarrhea	Fever	Onset Date/Time	Recovery Date/Time	Comments (e.g., sent home, visited doctor, etc.)
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	