ENTERIC DISEASE NOTIFICATION FORM

A) CLIENT INFORMATION

Name	HSN	DOB __/__/__	( ) Male ( ) Female
Address	Town/City		Postal Code
Name & Phone # of Workplace/School/Day Care	Occupation/Grade		
Hospitalized: ( ) Yes ( ) No	Hospital:	Admission Date: __/__/__	Discharge Date: __/__/__

B) DISEASE INFORMATION

Disease:	Is this part of an outbreak: ( ) No ( ) Yes

Signs & Symptoms: (Incubation period:) Start Date __/__/__ End Date __/__/__

( ) Fever ( ) Diarrhea ( ) Nausea
( ) Abdominal Pain ( ) Bloody Stool ( ) Vomiting ( ) Asymptomatic
( ) Other: _____

C) EXPOSURES/ RISK FACTORS

( ) Close Contact with Case/Carrier
( ) Contact with Petting Zoo Animals
( ) Contact with Farm Animals
( ) Contact with Pets
( ) Contact with Reptiles
( ) Contact with Wild Animals
( ) Consumed Unpasteurized Dairy Produc
( ) Consumed/Handled Undercooked Poultr
( ) Other: _____
( ) Unknown

( ) Food Service—Commercial
( ) Food Service—Home
( ) Food Service—Institutional
( ) Food Service—Non-Profit (eg: fundraiser BBQ)
( ) Food Service—Family Gathering
( ) Food Service—Public Function/Mass Gathering
( ) Food Service—Other

List Food History During Incubation Period:

Water Supply: ( ) Municipal ( ) Private: ( ) Well ( ) Cistern ( ) Surface ( ) Commercial: ( ) Bottled ( ) Fill own bottles ( ) Ice	Sewage Disposal: ( ) Private ( ) Municipal

Swimming: ( ) Artificial Water ( ) Natural Water Any other water activities?
Location: _____

D) TRAVEL (List location traveled to 1-10 days prior to onset of symptoms)

( ) Travel Within Province/Country: _____ Departure Date: __/__/__ Return Date: __/__/__
( ) Travel To Another County: _____ Departure Date: __/__/__ Return Date: __/__/__

E) CONTACTS (Did patient have contact with anyone with similar symptoms? Please list)

Education & Information Provided: ( ) Yes ( ) No Date Follow-up Completed: __/__/__

Reporting Physician or Designate Signature	Comments: