SAMPLE: Line List for Gastrointestinal Illness

Bureau of Communicable Disease Control and Prevention Phone: (573) 751-6113 Fax (573) 526-0235 Date __/_/

School Name: Contact: Phone: Outbreak onset: /_/_ Number of students in school: Number ill: % with diarrhea: % with vomiting: — % with fever: % with bloody stool:

Student Name	Grade #	Class	Diarrhea	Vomit	Fever	Stool Sample	Seen by Healthcare Provider	Onset Date/Time
			Y N	Y N	Y N	Y N	Y N	Date: /_/ Time: am/pm
			Y N	Y N	Y N	Y N	Y N	Date: /_/ Time: am/pm
			Y N	Y N	Y N	Y N	Y N	Date: /_/ Time: am/pm
			Y N	Y N	Y N	Y N	Y N	Date: /_/ Time: am/pm
			Y N	Y N	Y N	Y N	Y N	Date: /_/ Time: am/pm
			Y N	Y N	Y N	Y N	Y N	Date: /_/ Time: am/pm
			Y N	Y N	Y N	Y N	Y N	Date: /_/ Time: am/pm
			Y N	Y N	Y N	Y N	Y N	Date: /_/ Time: am/pm
			Y N	Y N	Y N	Y N	Y N	Date: /_/ Time: am/pm