Government of **Western Australia**
Department of **Health**
Communicable Disease Control Directorate

Population Health Unit Name_____

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Gastroenteritis Outbreak in a Residential Care Facility

Case list Form: ☐Residents or ☐Staff (please tick box)

- Please enter the information for cases below. Please use separate forms for Residents and Staff. Check that each case is entered only once on the Case List Form.
- Use these Case List forms to gather the numbers for the Daily/Final Cumulative Case Summary Form .

Name of Facility: _____

Outbreak Coordinator: _____

Case Details				**Description of illness (tick any symptoms that apply)**							**Specimens**		**Sentinel Event**	
Case No.	Name	DOB	Room # or occupation	Date of onset	Duration of illness	Vomit	Diarrh	Bloody diarrh	Fever	Abdo pain	Date Sent	Pathogen Result	Sent Hosp	Died

** Sentinel events: report to the PHU within 24 hours of occurrence. On weekends & public holidays ONLY contact the Department of Health's on-call duty officer on 9328 0553*