Ingham County Health Department

Linda S. Vail, MPA, Health Officer

Facility Outbreak Intake Form – Gastrointestinal Illness

Facility Information

Facility Name: ____

Facility Address: ____

Facility Type: ____

Contact Name: ____

Contact Phone: ____________________________________ Fax: ________________________________

Clinical Presentation

Symptoms: ☐ Diarrhea ☐ Bloody Diarrhea ☐ Abd cramping ☐ Nausea ☐ Vomiting ☐ Headache

☐ Fever Fever Range _______ ☐Y ☐ N Resident or Staff present during or after someone vomited

Number of staff/residents present during or after someone vomited: Residents: _______ Staff: ________

Date first person became ill: __________ Time of onset of illness: __________

Duration of symptoms in hours: ___________ Number of ill residents: _________ Number of ill staff: _______

Total number of residents: ________________ Total number of staff: ________

Testing

Specimen: Agreed to submit ☐Y ☐N Date submitted: ________ Specimen Source: ☐Blood ☐ Stool

Lab Confirmed Case: ☐ Y ☐ N Lab Result: __________ Epi-Linked Case: ☐ Y ☐ N _________________

Medical Care: ☐Y ☐N Care Site: _____________ ☐ Inpatient ☐ Outpatient Treatment: ☐ Y ☐ N

GI Med: ☐Y ☐N If yes, Antibiotic name: ____

Additional Information

Facility Infection Control Actions: ____

____

____

____

Comments: ____

____

____

Name of person completing form: ____ Date: ______________

Facilities fax to Communicable Disease Control 517-887-4379

Note for DC staff: Complete MDCH Initial and Final Cluster report form and submit to MDCH. File in the Cluster/Outbreak file

S:\HDC\OUTBREAK\FBIO Forms\Facility GI Cluster Intake Form.doc revised 2-13

Communicable Disease Control
5303 South Cedar Street • Lansing • MI 48911-7661
Phone: (517) 887-4308 • Fax: (517) 887-4379
Ingham County is an Equal Opportunity Employer