



INITIAL ENTERIC OUTBREAK NOTIFICATION FORM

Please complete all applicable areas and **FAX to 613-735-3067**

RCDHU INFORMATION	Date:		Outbreak # 2257- 20__-____		
	Investigator:				
	Investigator Telephone #:		Investigator Fax #:		
	Date Outbreak Reported to RCDHU (YYYY/MM/DD):				
INSTITUTION INFORMATION	Institution Name:		Master #:		
	Institution Type (please check appropriately):		<input type="checkbox"/> LTC	<input type="checkbox"/> Hospital	<input type="checkbox"/> Retirement Home
	Institution Address:		Institution Telephone #:		
	City:	Postal Code:	Institution Fax #:		
	Primary IPAC Staff Contact:		Primary IPAC Staff Email:		
	Alternate IPAC Staff Contact:		Alternate IPAC Staff Email:		
	Date of Onset of Illness in FIRST CASE (YYYY/MM/DD):				
OUTBREAK INFORMATION	Resident Data		Staff Data		
	Outbreak Description	# in Affected Area/Unit		# in Affected Area/Unit	
		# Cases		# Cases	
		# Hospitalized		# Hospitalized	
	Total # of Residents in Institution:		Total # of Staff in Institution:		
	Symptoms	Abdominal Cramps		Vomiting	
		Nausea		Loss of Appetite	
		Watery Diarrhea		Dehydration	
Bloody Diarrhea			Headache		
		Other, Specify:			