

Child Care & School Line List

For periods of increased illness and outbreaks



Grey Bruce
Public Health

Centre/School Name: _____

Phone Number: _____

Email Address: _____

Outbreak #: _____

Total # Students: _____

Infants (I): _____

Toddlers (T): _____

Preschool (P): _____

Before & After (BA): _____

Total # Staff: _____

ENTERIC OUTBREAKS: Return after 48hrs symptom free. **RESPIRATORY OUTBREAKS:** Return 24 hours after symptoms improving and no more fever.

Name	AGE	ROOM OR GROUP	ONSET <small>Date/time first symptom START</small>	Vomiting <small># of episodes</small>	Diarrhea <small># of episodes</small>	Nausea and/or Abdominal Pain	Fever <small>Abnormal Temp (°C)</small>	Dry Cough <small>new or worsening</small>	Wet Cough <small>Chest Congestion</small>	Sore Throat	Runny Nose <small>Nasal Congestion</small>	Other <small>specify in notes</small>	LAST DAY <small>At school or child care</small>	RESOLVED <small>DATE/TIME Last symptom END</small>	DATE RETURNED	Notes