DEPARTMENT OF HEALTH

Resident GI Illness Log

health.foodill@state.mn.us
1-877-366-3455
Fax: 1-800-233-1817 Attn: norovirus
www.health.state.mn.us

Date:____/____/____

Facility name: ____________________________________ Type of facility (eg. nursing home, senior living):________________________________

Contact: _____________________________________ Phone: ________________

Number of residents in facility: ________ Number ill: ________ Number hospitalized: ________

Resident Name	Hall or Floor	Age	Sex	Vomit	Diarrhea	Fever	Died?	Onset Date/Time	Recovery Date/Time	Comments
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time:_____ ☐a.m. ☐p.m.	Date: ______ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time:_____ ☐a.m. ☐p.m.	Date: ______ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time:_____ ☐a.m. ☐p.m.	Date: ______ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time:_____ ☐a.m. ☐p.m.	Date: ______ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time:_____ ☐a.m. ☐p.m.	Date: ______ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time:_____ ☐a.m. ☐p.m.	Date: ______ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time:_____ ☐a.m. ☐p.m.	Date: ______ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time:_____ ☐a.m. ☐p.m.	Date: ______ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time:_____ ☐a.m. ☐p.m.	Date: ______ Time:_____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time:_____ ☐a.m. ☐p.m.	Date: ______ Time:_____ ☐a.m. ☐p.m.	

1. Send this log with initial information to MDH within 2 business days of reporting the outbreak ☐
2. Send this log with completed/final information to MDH 1-2 weeks after the last illness onset ☐

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Resident Name	Hall or Floor	Age	Sex	Vomit	Diarrhea	Fever	Died?	Onset Date/Time	Recovery Date/Time	Comments
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: ______ Time: ______ ☐a.m. ☐p.m.	Date: ______ Time: ______ ☐a.m. ☐p.m.	