### Facility Outbreak Intake Form – Gastrointestinal Illness

#### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
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<tbody>
<tr>
<td>Facility Address:</td>
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<tr>
<td>Facility Type:</td>
<td></td>
</tr>
<tr>
<td>Contact Name:</td>
<td></td>
</tr>
<tr>
<td>Contact Phone:</td>
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<td>Fax:</td>
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</tbody>
</table>

#### 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:** _______

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**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*