## health.foodill@state.mn.us 1-877-366-3455

Fax: 1-800-233-1817 Attn: norovirus

www.health.state.mn.us

									Date: //		
School name:	Type of facility (e.g., elementary, middle, high):										
Contact:	Phone:										
Number of staff in facility:				nber ill	:	_					
Staff Name	Grade/ Classroom	Age	Gender	Vomit	Diarrhea	Fever	Onset Date/Time	Recovery Date/Time	Comments (e.g., went home sick, visited doctor, etc.)		
				ПΥ	□Y	$\square$	Date:	Date:			
				□N	□N	□N	⊓nne □p.m.	IIIIIE			
				□ү	□Y	ПΑ	Date:	Date:			
				□N	□N	□N	Time: □a.m. □p.m.	ı ı ı ı ı ı ı ı ı			
				ПΥ	□Y	□Y	Date:	Date:			
				□N	□N	□и	Time: □ a.m. □ p.m.	Time: □ <sub>p.m.</sub>			
				ПΥ	□Y	ПΥ	Date:	Date:			
				□N	□N	□N	Time: a.m.	Time: □ <sub>p.m.</sub>			
				ПΥ	□Y	□Y	Date:	Date:			
				□N	□N	$\square$ N	Time: □a.m.	Time: □a.m. □p.m.			
				ПΥ	□Y	ΠY	Date:	Date:a.m.			
				□N	□N	□N	Time: □a.m. □p.m.	Time: □a.m.			
				ПΥ	□Y	ПΥ	Date:	Date:			
				□N	□N	□N	Time: □a.m. □p.m.	Time: □a.m.			
				□ү	□Y	□Y	Date:	Date:			
				□N	□N	□N	Time: □a.m.	Time: □a.m.			
				ПΥ	□Y	ΠY	Date:	Date:			
				□N	□N	□N	Time: $\square_{a.m.}$	Time: □ a.m.			
				ПΥ	□Y	□Y	Date:	Date:			
				□и	□N	□и	Time: □a.m.	Time: □ <sub>p.m.</sub>			

**Staff GI Illness Log - continued** 

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Staff Name	Grade/ Classroom	Age	Gender	Vomit	Diarrhea	Fever	Onset Date/Time	Recovery Date/Time	Comments (e.g., went home sick, visited doctor, etc.)
				ПΥ	□Y	□Y	Date:	Date:	
				□N	□N	□и	Time: D <sub>a.m.</sub>		
				ΠΥ	□Y	ΠY	Date:	Date:	
				□N	□N	□и	Time: □a.m. □p.m.	Time: □a.m.	
				ΠY	ΠY	ΠY	Date:	Date:	
				□×	□N	z	Time: □a.m. □p.m.	Time: □a.m.	
				ΠΥ		□Y	Date:	Date:a.m.	
				□N	□N	Z		Time: □a.m.	
				Υ	ΠY	ΠY	Date:	Date:a.m.	
				Z	□N	Z		Time: 🗖 " 📗	
				Δλ	Δ,		Date:	Date:	
				ΠN	□N	ΠN		Пппе Пп m I	
				Δλ	□Y	□Y	Date:	Date:	
				□N	□N	ΠN	Time: □a.m. □p.m.	Time: □a.m. □p.m.	
				Δλ	Δλ	ΠY	Date:	Date:	
				□N	□N	Пи	Time: 🗆 a.m.	Time: □ <sub>p.m.</sub>	
				□Y	□Ү	□Y	Date:	Date:	
				Пи	□N	Пи	Time: □a.m.	Time: □ <sub>p.m.</sub>	
				$\square$ Y	□Y	□Y	Date:	Date:a.m.	
				Пи	□N	Пи	Time: a.m.	Time: □a.m.	
				$\square$ Y	□Y	□Y	Date:	Date:	
				□N	□N	ΠN	Time: □a.m. □p.m.	Time: □a.m.	
				ΠΥ	□Y	□Y	Date:	Date:	
				□N	□N	□N	Time: □a.m.	Time: □ <sub>p.m.</sub>	