Student GI Illness Log - continued

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Student Name	Grade/ Classroom	Age	Gender	Vomit	Diarrhea	Fever	Onset Date/Time	Recovery Date/Time	Comments (e.g., sent home, visited doctor, etc.)
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	