DEPARTMENT OF HEALTH

Student GI Illness Log

health.foodill@state.mn.us
1-877-366-3455
Fax: 651-201-5082
www.health.state.mn.us

Date: ___ / ___ / ____

School name: _____ Type of facility (e.g., elementary, middle, high): _____

Contact: _____ Phone: _____

Number of students in facility: _____ Number ill: _____

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.	

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 ☐

SCHOOL

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.	
				☐Y ☐N	☐Y ☐N	☐Y ☐N	Date: _____ Time: _____ ☐a.m. ☐p.m.	Date: _____ Time: _____ ☐a.m. ☐p.m.	