Public Health
Prevent. Promote. Protect.
Waukesha County

Intake Form for Gastrointestinal Illness

Please complete this form and fax to 262-970-6670 or email to publichealth@waukeshacounty.gov

Date:

Contact Person: **Email:**

Telephone Number: **Fax Number:**

Facility Name: **Facility Type:** Choose One:

Facility Address:

Are there **three** or more residents/attendees and/or staff/employees, with illness onset within 72 hours of each other? ☐ Yes ☐ No

**If no, this currently does not meet criteria for an outbreak that needs to be reported at this time*

Name of Unit(s) Affected:

	Total # at Facility	# Ill	Date of FIRST onset	Testing Planned?	Testing Results
Residents/Attendees:				Choose O	
Staff/Employee:				Choose O	

Are any of the ill staff food handlers? Choose One: If yes, how many?

Description of cluster:

- ☐ Nausea
- ☐ Diarrhea
- ☐ Abdominal cramps
- ☐ Chills
- ☐ Vomiting
- ☐ Bloody diarrhea
- ☐ Fever
- ☐ Other

Current Control Measures: (Check those that are in place/plan to be implemented)

- ☐ Line List initiated and sent to Waukesha County Public Health
- ☐ Symptomatic are on Contact Precautions
- ☐ Ill staff excluded
- ☐ Wisconsin Department of Health Guidelines received and reviewed
- ☐ Instituted increased cleaning measures per guidelines

For LTC/CRBP only:

- ☐ For affected units: new admissions and visitors restricted
- ☐ Limit staff from floating between units

Notes: