

<b>To:</b> <b>Community and Public Health</b>	<b>To Fax No:</b> <b>(03) 379 6484</b>
<b>Attention:</b> <b>Communicable Disease Team</b>	<b>From Fax No:</b>
	<b>No of pages:</b>

**Name of Elderly Care Facility:**

- *Please record the following information for residents/clients and staff members who become ill with vomiting and/or diarrhoea, and return by fax when the outbreak is over.*
- *Indicate those people who provided faecal specimens and the results, if known.*

<b>Name</b>	<b>Sex (M/F)</b>	<b>Age (or DOB)</b>	<b>Ethnicity</b>	<b>Resident or Staff</b>	<b>Date of onset</b>

