

Name, Address and Telephone Number	Patient Symptoms (GI)																	Comments						
	Case	Age	Sex	Abdominal Pain	Bloody Stool	Chills	Diarrhea	Fever	Headache	Muscle Ache	Nausea	Vomiting	Other	Date of Onset	Time of Onset	Incubation	Duration		Saw Doctor	Medication	Hospitalization	Specimen		
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								

	Name, Address and Telephone Number	Menu Items																Comments
1																		
2																		
3																		
4																		
5																		
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7																		
8																		
9																		
10																		