



GOVERNMENT OF BERMUDA

Ministry of Health

OUTBREAK REPORT FORM FOR SCHOOLS AND OTHER CHILDCARE FACILITIES

Please complete and return a copy of this form to the Epidemiology and Surveillance Unit.

Phone: (+1 441) 278-6503

Fax: (+1 441) 296-3283

E-mail: epidemiology@gov.bm

Report Status: <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISED <input type="checkbox"/> FINAL
Date Completed:
Name and Telephone Number of School/Childcare Facility:
Name and contact information of Principal/Person in Charge:
Details of Outbreak:

OUTBREAK LINE LIST
CHILD /STUDENT CASES

Surname	First Name	Age / Date of Birth	Gender (M/F)	Date of Onset	Symptoms	Excluded (Yes/No)	Duration of Symptoms	Other

Total # of Children/Students: _____ # of Children/Students affected: _____

Any additional information about child/student cases:

OUTBREAK LINE LIST

STAFF CASES

Surname	First Name	Age (years)	Gender (M/F)	Date of Onset	Symptoms	Excluded (Yes/No)	Duration of Symptoms	Other

Total # of Staff: _____ # of Staff affected: _____

Any additional information about staff cases:
