## **Viral Gastroenteritis**

## Record Form





Form D

Illness Report for Week Ending:	Premises:	No of Beds:	% Occupied
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Date Reported	Name	Child/ Adult	Coach Party	Room No	Date of Arrival	Onset Date	Symptoms *	Days ill	Doctor consulted? (H for hospital admittance)

\* Use:-

V = vomiting

Indicate severity of symptoms with + signs, for example:-

D = diarrhoea F = fever V+++ means severe vomiting V+ means slight vomiting