Text

Description automatically generated

**Facility:** Click or tap here to enter text. **Date Reported to VDH:** Click or tap to enter a date.

**Noro-like Illness Line List**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Initials** | **Age** | **Sex** | **Group**  **(e.g., grade, ward, staff)** | **Date of Symptom Onset** | **Illness End Date** | **Duration of illness** | **Sought Medical Care** | **Hospitalized** | **Specimen collected** | **Test Result** | **Diarrhea** | **Bloody Stool** | **Vomiting** | **Nausea** | **Abdominal Cramps** | **Fever** | **Chills** | **Headache** | **Myalgia** | **Other** |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |
| enter | enter | enter | enter | date | date | enter |  |  |  | Choose |  |  |  |  |  |  |  |  |  | enter |