**Norovirus Line listing for School:** Students Staff

*(Nausea, Vomiting and/or diarrhea)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name:** | **Room #** | **Age** | **Onset Date:** | **Date Last at school** | **Symptoms (Nausea, Vomiting, Diarrhea, Fever)** | **Did person vomit in a public place?(Y or N)** | **Hospitalized?****(Y or N)** | **Died?****(Y or N)** |
|  | *Anna Smith**(EXAMPLE)* | *4B* | *4* | *3/04/08* | *3/04/08* | *V, D* | *N* | *N* | *N* |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |

**Fax (707-565-4565) or email (****phnurse@sonoma-county.org****) at the start of the outbreak and if/when there are new cases.**