**NEW YORK STATE DEPARTMENT OF HEALTH**
**Bureau of Community Environmental Health and Food Protection**
**Children's Camp Program**

# Outbreak Case Histories*

| Name of Children's Camp | Date of Outbreak | eHIPS Incident # | Illness Information |
|---|---|---|---|
| | | | |

| No. | Name of Person** | Bunk/Group | Status | | | | | | Sex | | Age | Severity | | | | Time of Initial Symptom | | Incubation Period | Signs and Symptoms | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Camper | Dev. Dis. Camper | CIT/JR Counselor | Counselor | Other Staff | Other* | Male | Female | | Duration of Illness | Physician seen | Hospitalized | Death | Day | Hour | | Nausea | Vomiting | Abdominal Cramps | Diarrhea | Fever | Sore Throat | | | | |
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| | | Total | | | | | | | | | | | | | | | | | | | | | | | | | | |

* **Follow Environmental Health Manual Procedure CSFP 803 for Foodborne Outbreaks**

** **Collect addresses and phone numbers for follow-up**

Information received by: _____ Title: _____

Information reviewed by: _____ Title: _____