**Diarrhoea and Vomiting: Line Listing for Residents**

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| ***Residents Affected*** | | | | | | **Incident No.** | | |
| ***Name*** | **Date of Birth** | **Unit or Floor** | **Symptoms e.g. diarrhoea or vomiting** | **Date and time of onset** | **Date of recovery** | **Date sampled submitted** | **Results** | **Additional Information** |
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**Name of Care Home ……………………………………………………………………………………………………………….**

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| ***Residents Affected*** | | | | | | **Incident No.** | | |
| ***Name*** | **Date of Birth** | **Unit or Floor** | **Symptoms e.g. diarrhoea or vomiting** | **Date and time of onset** | **Date of recovery** | **Date sampled submitted** | **Results** | **Additional Information** |
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