**Diarrhoea and Vomiting: Line Listing for Staff – v1.0**

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| ***Staff Affected*** | | | | | | **Incident No.** | | |
| ***Name*** | **Date of Birth** | **Staff Role** | **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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| ***Staff Affected*** | | | | | | **Incident No.** | | |
| ***Name*** | **Date of Birth** | **Staff Role** | **Symptoms e.g. diarrhoea or vomiting** | **Date and time of onset** | **Date of recovery** | **Date sampled submitted** | **Results** | **Additional Information** |
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| **Title** |  |
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| **Document author(s) name and role title** | IPC Team |
| **Document owner name and role title** | Tanya Shaw (IPC Service Lead/Lead Nurse) |
| **Document approver name and role title** | Tanya Shaw (IPC Service Lead/Lead Nurse) |

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| **Version** | **Date** | **Section/Reference** | **Amendment** |
| 1.0 | 28/10/2024 |  |  |
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