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:	Illness Information

No.	Name of Person*	Bunk/Group	Status						Gender				Age	Severity				Time of Initial Symptom		Incubation Period	Signs and Symptoms									
			Camper	Dev. Dis. Camper	CIT/JR Counselor	Counselor	Other Staff	Other *	Male	Female	Gender X	Other		Duration of Illness	Physician seen	Hospitalized	Death	Day	Hour		Nausea	Vomiting	Abdominal Cramps	Diarrhea	Fever	Sore Throat				
		Total:	0	0	0	0	0	0	0	0	0	0			0	0	0				0	0	0	0	0	0	0	0	0	0

* Collect addresses and phone numbers for follow-up

For local health department use only. **eHIPS Incident Number: _____ (Note: eHIPS will assign when entered into system)**

Information received by: _____ Title:_____ Report reviewed by: _____ Title: _____