NOAA Form 57-10-15
(2-12)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

GASTROINTESTINAL ILLNESS SURVEILLANCE LOG

NOAA SHIP	DAY _____ of _____	PAGE _____ of _____
MEDICAL OFFICER / MPIC	VOYAGE START DATE	VOYAGE END DATE

DATE	GASTROINTESTINAL ILLNESS SURVEILLANCE CASE # _____		GASTROINTESTINAL ILLNESS SURVEILLANCE CASE # _____		GASTROINTESTINAL ILLNESS SURVEILLANCE CASE # _____	
LAST NAME						
FIRST NAME						
POSITION						
STATEROOM						
AGE / GENDER						
DATE / TIME of ONSET						

DIARRHEA	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
# in the LAST 24 HOURS	_____ EPISODES	_____ EPISODES	_____ EPISODES
BLOOD in STOOLS	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
VOMITING	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
# in the LAST 24 HOURS	_____ EPISODES	_____ EPISODES	_____ EPISODES
FEVER	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
TEMPERATURE	_____ °F	_____ °F	_____ °F
ABDOMINAL CRAMPS	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
HEADACHES	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
MUSCLE ACHES	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
OTHER:			
ANTI-DIARRHEAL MEDICATIONS			
UNDERLYING ILLNESS			