

GASTROINTESTINAL ILLNESS STANDARDIZED REPORT

NOAA SHIP		INITIAL REPORT <input type="checkbox"/>	UPDATE REPORT <input type="checkbox"/>
		REPORT DATE	REPORT TIME
DEPARTURE DATE	U.S. DEPARTURE PORT	# of EMBARKED PERSONNEL UPON DEPARTURE FROM U.S. PORT	
ARRIVAL DATE	U.S. ARRIVAL PORT	# of GASTROINTESTINAL ILLNESS CASES DURING VOYAGE PERIOD	

DEPARTURE DATE	U.S. DEPARTURE PORT	# of EMBARKED PERSONNEL UPON DEPARTURE FROM U.S. PORT	
ARRIVAL DATE	FOREIGN ARRIVAL PORT	# of GASTROINTESTINAL ILLNESS CASES DURING LEG I of the VOYAGE	

DEPARTURE DATE	FOREIGN DEPARTURE PORT	# of EMBARKED PERSONNEL UPON DEPARTURE FROM U.S. PORT	
ARRIVAL DATE	FOREIGN ARRIVAL PORT	# of GASTROINTESTINAL ILLNESS CASES DURING LEG II of the VOYAGE	

DEPARTURE DATE	FOREIGN DEPARTURE PORT	# of EMBARKED PERSONNEL UPON DEPARTURE FROM U.S. PORT	
ARRIVAL DATE	FOREIGN ARRIVAL PORT	# of GASTROINTESTINAL ILLNESS CASES DURING LEG III of the VOYAGE	

DEPARTURE DATE	FOREIGN DEPARTURE PORT	# of EMBARKED PERSONNEL UPON DEPARTURE FROM U.S. PORT	
ARRIVAL DATE	FOREIGN ARRIVAL PORT	# of GASTROINTESTINAL ILLNESS CASES DURING LEG IV of the VOYAGE	

DEPARTURE DATE	FOREIGN DEPARTURE PORT	# of EMBARKED PERSONNEL UPON DEPARTURE FROM U.S. PORT	
ARRIVAL DATE	FOREIGN ARRIVAL PORT	# of GASTROINTESTINAL ILLNESS CASES DURING LEG V of the VOYAGE	

DEPARTURE DATE	FOREIGN DEPARTURE PORT	# of EMBARKED PERSONNEL UPON DEPARTURE FROM U.S. PORT	
ARRIVAL DATE	U.S. ARRIVAL PORT	# of GASTROINTESTINAL ILLNESS CASES DURING the FINAL LEG of the VOYAGE	

MEDICAL OFFICER / MPIC NAME	SIGNATURE	DATE
COMMANDING OFFICER NAME	SIGNATURE	DATE