

CHART TO RECORD SYMPTOMS OF DIARRHOEA AND/OR VOMITING DURING PERIODS OF INCREASED INCIDENCE

NAME	HOSP No.	CLINICAL DETAILS Medication	DATE		DATE		DATE		DATE		DATE		DATE		DATE	
			am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

Please indicate episodes for each patient using the following key: D – Diarrhoea (indicate type of stool where known) V – Vomiting N – Nausea S – Specimen
(This page can be photocopied.)