



GOVERNMENT OF BERMUDA  
Ministry of Health, Seniors and Environment  
**Department of Health**

**Outbreak Report Form for Schools and Other Childcare Facilities**

Date Completed:

Name and Telephone Number of School/Childcare Facility:

Name and Contact Information of Principal/Administrator:

Details of Outbreak:

**INITIAL**

**REVISED**

**FINAL**

Please complete and return a copy of this form to the Epidemiology and Surveillance Unit.  
Phone: (+1 441) 278-6503 Fax: (+1 441) 296-3283 E-mail: [epidemiology@gov.bm](mailto:epidemiology@gov.bm)

**OUTBREAK LINE LIST**

**STAFF CASES**

Surname	First Name	Age (years)	Gender (M/F)	Date of Onset	Symptoms	Excluded Yes/No	Duration of Symptoms	Other

Total # of Staff: \_\_\_\_\_ # of Staff affected: \_\_\_\_\_

Any additional information e.g. recent farm visit or outing:

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## OUTBREAK LINE LIST

### CHILD /STUDENT CASES

Surname	First Name	Age (years)	Gender (M/F)	Date of Onset	Symptoms	Excluded Yes/No	Duration of Symptoms	Other

Total # of Children/Students: \_\_\_\_\_ # of Children/Students affected: \_\_\_\_\_

Any additional information e.g. recent farm visit or outing:

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