

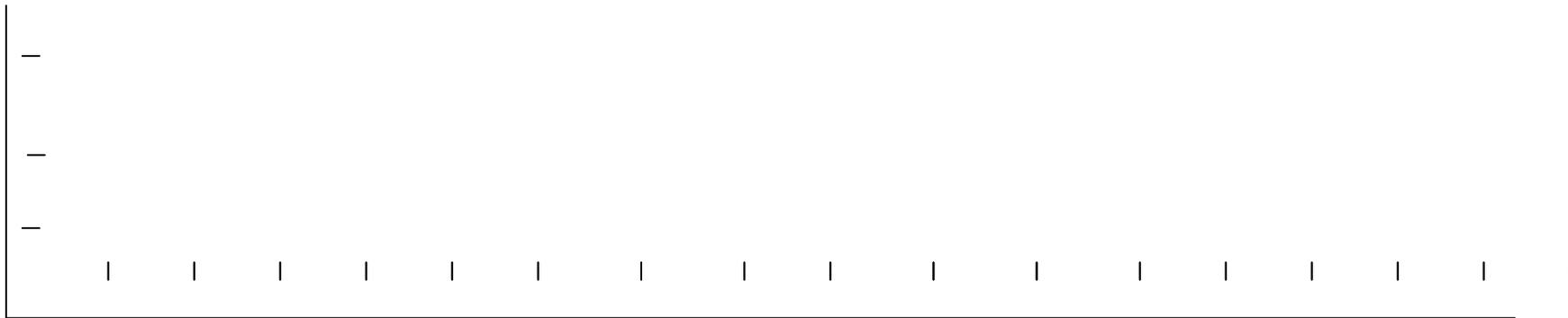
Child Care Center: _____

Case list

For use by county health department to tabulate data on all confirmed cases of hepatitis associated with the above named child care center (children, employees, and household contacts).

Case Number	Date Case Interviewed	Case name	Age	Name & age of child care center contact(s) or child care center classroom	Date of onset of symptoms	How Case Confirmed			Other: (for example, food handler, other child care, centers follow-up calls, doctor contact)
						IGM	Liver Tests	Clinical Symptoms	

Number of cases



First case

Date of onset of symptoms

