Tabulation Sheet

Child Care Center	Date of Questionnaire

List names and other information requested below on each person identified by the parents' questionnaire survey who has YELLOW SKIN OR EYES OR DARK URINE **AND** ANY TWO OF THE OTHER SYMPTOMS LISTED ON THE QUESTIONNAIRE.

Contact each person by phone and complete the information on the Viral Hepatitis Case Report Form. Recommend medical confirmation if diagnosis is probable.

If case is confirmed, place the name of the case on the Case List.

Key, N= Nausea, V= Vomiting, AP = Abdominal Pain, LOA = Loss of Appetite, D = Diarrhea, DU = Dark Urine, Y = Yellow skin or eyes

Name of Person with symptoms & Relationship to child care center child	Name and age of child care center contact	Phone: Home: Work:	Symptoms (use key)	Date Contacted	Doctor's name and phone	Probable (Yes	Case No	Confirmed Case Yes No	