NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection
Children's Camp Program

Outbreak Case Histories*

Name of Children's Camp	Date of Outbreak	eHIPS Incident #	Illness Information

No.	Name of Person**	Bunk/Group	Status						Sex		Age	Severity				Time of Initial Symptom		Incubation Period	Signs and Symptoms									
			Camper	Dev. Dis. Camper	CIT/JR Counselor	Counselor	Other Staff	Other *	Male	Female		Duration of Illness	Physician seen	Hospitalized	Death	Day	Hour		Nausea	Vomiting	Abdominal Cramps	Diarrhea	Fever	Sore Throat				
		Total																										

* **Follow Environmental Health Manual Procedure CSFP 803 for Foodborne Outbreaks**
** **Collect addresses and phone numbers for follow-up**

Information received by: _____ Title: _____
Information reviewed by: _____ Title: _____