

## Suspected Norovirus Outbreak Questionnaire

**Ship/Hull No:** \_\_\_\_\_

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last First MI Day / Month

Rate/Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Blood Type \_\_\_\_\_

Are you (circle one): Ship's Company / Air Wing / Other \_\_\_\_\_

**Permanent** Assignment: Dept/Squadron: \_\_\_\_\_ Division: \_\_\_\_\_

**Current** Assignment: Dept/Squadron: \_\_\_\_\_ Division: \_\_\_\_\_

Primary work-center: \_\_\_\_\_ Primary Galley: \_\_\_\_\_

Current Work Phone: \_\_\_\_\_ Berthing Phone: \_\_\_\_\_

Do you live: on / off ship?

Did you have any of the following symptoms (Circle Yes or No):

Nausea	Yes	No
Vomiting	Yes	No
Muscle Aches	Yes	No
Cramping	Yes	No
Fever	Yes	No
Diarrhea	Yes	No

Number of **loose** stools in past 24 hours      0      1      2      3      4      more than 4

Did you receive IV fluids in medical? Yes / No

What date did your symptoms start: \_\_\_\_\_  
Day / Month

Have you had any illness like this  
in the past six months      Yes      No

Follow- Up Visit:  
How much time did you miss work?      Days \_\_\_\_\_      Hours \_\_\_\_\_