Form approved
OMB No: 0920-XXXX
Expiration Date: XX/XX/20XX

Vessel Sanitation Program Acute Gastroenteritis Log

Note: The Header/Banner section of the AGE Surveillance Log must be completed for EVERY voyage, even if the case counts are zero for both passenger and crew. Even if there is an underlying illness, there may be justification in reporting the patient as reportable. This should be based on sound clinical judgment and based on

Vessel Name		Date From		Total No. of Pax.		Total No. of Crew	
Voyage Number		Date To		Reportable Total No. of Pax Ill		Reportable Total No. of Crew Ill	

Patient ID	Report to Medical				Age	Sex	Pax or Crew	Cabin No.	Crew Position	Illness Onset		Diarrhea Episodes	Blood	Vomiting Episodes	Fever		Abdominal Cramps	Headache	Myalgia	Last symptom		Specimen Requested	Specimen Received	Antidiarrheal Medication	Reportable	Underlying Illness (Specify)/ Comments
	Date	Time	Last Name	First Name						Date	Time	#	Y/N	#	Y/N	°F	Y/N	Y/N	Y/N	Date	Time	Y/N	Y/N	Y/N	Y/N	