Vessel Sanitation Program Acute Gastroenteritis Log

Form Approved
OMB No. 0920-1260
Exp. Date 03/31/2026

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 medical practice. Enter "none" if there is no underlying illness.

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*	Food Worker	Illness Onset		Diarrhea Episodes		Vomiting Episodes	Fever		Abdominal Cramps	Headache	Myalgia	Last symptom		Specimen Requested	Specimen Received	Antidiarrheal Medication	Reportable	Underlying Illness (Specify)	Comments or Notes (if needed)
	Date	Time	Last Name	First Name						Y/N	Date	Time	#	Blood Y/N	#	Y/N	°F	Y/N	Y/N	Y/N	Date	Time	Y/N	Y/N	Y/N	Y/N		

Attachment 5b.

*crew member position or job on the vessel if applicable (if abbreviated, add to comments)

CDC estimates the average public reporting burden for this collection of information as 3 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1260).

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