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| **ILLNESS CASE LOG** |
| **Full name** | **DOB** | **Sex (M/F)** | **Parent/Guardian name and contact number** | **Child****(C)****Staff (S)****Family member****(F)** | **Centre location (area/****room)** | **Symptoms start** | **Symptoms stop** | **Saw GP? (Y/N)** | **Symptoms e.g.****Diarrhoea, nausea, vomiting, abdominal cramps etc** | **Date returned to the centre** |
| **Date** | **Time** | **Date** | **Time** |
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* Children or staff with vomiting or diarrhoea should not attend the centre until at least 48 hours after vomiting or diarrhoea had stopped.