

Operation Clearwater Illness Tracking Sheet for Summer 2011

Date of Illness _____

Date and time of contact with water _____

Location of contact with water (*try to be as specific as possible*) _____

Please circle all symptoms:

Diarrhea Cramping Vomiting Infection of an open cut Ear Infection

Other symptoms?

Was a doctor seen? YES NO

Treatment _____

Age of sick individual _____ Gender of sick individual: Male Female

Please return forms to Sally Hornor, Environmental Center, 101 College Parkway, Arnold MD 21012 or email to sghornor@aacc.edu

Optional: Provide name and contact information if you would like:

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