SECOND SCHEDULE (Regulation 29)
THIE PUBLIC HEALTH ACT
Weekly Survellance Report

Name of Tourist Establishment _____
Week Ending _____
Occupancy (total number of guests) _____

	STAFF	GUESTS
Total number of cases seen	_____	_____
Total number of first visits	_____	_____
Total number of accidents/injuries	_____	_____
(a) Bruises	_____	_____
(b) Burns/Scalds	_____	_____
(c) Cuts	_____	_____
(d) Fractures	_____	_____
(e) Sprains/strains	_____	_____
(f) Other	_____	_____
Total number of gastrointestinal conditions	_____	_____
Total number of diarrhoea cases	_____	_____
Number of diarrhoea cases with vomiting	_____	_____
Number of diarrhoea cases with fever	_____	_____
Number of diarrhoea cases with blood in stool	_____	_____
Number of diarrhoea cases with abdominal cramps	_____	_____
Total acute respiratory infections	_____	_____

Name _____ Position Held _____

Signature _____ Date _____